

.....
Incident no. 149649995 I RRENT INFORMATION REPORT PAGE 2.003
.....

SYSTEM ADVISORY: REPORT ENTERED USING PERSONAL COMPUTER VER-2.08

* ENTRY DEVICE: TOSHIBA 486 G045111 *
* ENTRY FROM DATE-122995 TIME-2031 TO DATE-122995 TIME-2057 *
* TRANSFER DEVICE: JUVENILE AST 386SX20 G040447 X13 VER. 2.09-1*
* TRANSFER DATE-122995 TIME-2003 LOAD DATE-122995 TIME-2005 *
* LOCATION OF OFFENSE: POLICE DISTRICT-DISTRICT 03 DIST-03 *

END OF PAGE TWO

TEXAS YOUTH COMMISSION **HEARING MANAGER'S REPORT OF A LEVEL II HEARING**

Case Number: 0830355 Youth's Name: Garcia Juan
Last First MI

Current Program Assignment: Southwest Key Day Treatment

Location of Hearing: 3540 W. Dallas Incident Pointer: 5

Date of Hearing: 8-31-95 Time: 10:00 (a.m./p.m.)

Staff Representative: Carolyn Rogers P.O. III
Name Title

Youth's Advocate: Vincent Agu P.O. III
Name Title

Hearing Manager: Richard Morris P.O.
Name Title

Others Present:

1. Juan Garcia 3. _____
 2. Esther Garcia 4. _____

ALLEGATIONS

Code	Description	Date of Offense/ Rule Violation	Proved (Y/N)	Felony (Y/N)
1. <u>0019</u>	<u>Non compliance/failure to attend</u>	<u>S.K.D.T. 8-24-95</u>	<u>Y</u>	
2. <u>0019</u>	<u>Non compliance/failure to attend</u>	<u>S.K.D.T. 8-25-95</u>	<u>Y</u>	
3. <u>0019</u>	<u>Non compliance/failure to attend</u>	<u>S.K.D.T. 8-14-95</u>	<u>Y</u>	
4. <u>0019</u>	<u>Non compliance/failure to attend</u>	<u>S.K.D.T. 8-28-95</u>	<u>Y</u>	
5. <u>0019</u>	<u>Non compliance/failure to attend</u>	<u>S.K.D.T. 8-11-95</u>	<u>Y</u>	

EVIDENCE

☒ Police Reports ☐ Youth Statement ☐ Behavior Summary
☒ Incident Reports ☐ Staff Statement ☒ Witness Testimony
 Other: _____

FINDINGS

☐ No Misconduct Proved
☐ Misconduct proved constitutes

☐ HRO High Risk Offense
☐ FO Felony Offense
☐ MRHR Major Rule Violation and Previous Classification for High Risk Offense
☐ SBI Major Rule Violation Causing Substantial Bodily Injury
☐ 2MAJ Two or more Major Rule Violations within 30 days
☐ 3MAJ Three or more Major Rule Violations Only one major rule violation proved

☐ Extenuating Circumstances Found Does not meet Criteria for disciplinary transfer

DISPOSITION

1. ☐ SPU Status and Placement Unchanged
 2. ☐ TR Disciplinary Transfer - It would be contrary to the welfare of the youth to remain in the current placement.
☐ TP Temporary Placement at _____
☐ PP Permanent Placement at _____

3. ☐ LOS Assignment of Minimum Length of Stay of _____ Months From _____
 4. ☐ FUP Follow-up Placement at _____
 5. ☐ FUR Follow-up Placement Not Appropriate

Richard A. Morris
 Hearing Manager's Signature

8-31-95
 (Date)

Executive Director's Decision: ☐ Approved ☐ Disapproved ☐ Reduced

Executive Director/Designee Signature

Helen George

9-1-95
 (Date)

Institutional Superintendent or Regional Director Signature (signifies this report has been reviewed by the administrator to assure consistent application of policy).

1. The first part of the document is a list of names and addresses, including "Mr. J. H. Smith, 123 Main St., New York, N. Y." and "Mr. J. H. Smith, 123 Main St., New York, N. Y."

2. The second part of the document is a list of names and addresses, including "Mr. J. H. Smith, 123 Main St., New York, N. Y." and "Mr. J. H. Smith, 123 Main St., New York, N. Y."

3. The third part of the document is a list of names and addresses, including "Mr. J. H. Smith, 123 Main St., New York, N. Y." and "Mr. J. H. Smith, 123 Main St., New York, N. Y."

4. The fourth part of the document is a list of names and addresses, including "Mr. J. H. Smith, 123 Main St., New York, N. Y." and "Mr. J. H. Smith, 123 Main St., New York, N. Y."

5. The fifth part of the document is a list of names and addresses, including "Mr. J. H. Smith, 123 Main St., New York, N. Y." and "Mr. J. H. Smith, 123 Main St., New York, N. Y."

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The following table contains the
 general statistics for the past year.

TEXAS YOUTH COMMISSION
HEARING MANAGER'S REPORT OF A LEVEL II HEARING

Case Number: 0830355 Youth's Name: Garcia Juan Last First M
 Current Program Assignment: Southwest Key Day Treatment
 Location of Hearing: 3540 W. Dallas Incident Pointer: 5
 Date of Hearing: 8/31/95 Time: 8:30 (a.m./p.m.)
 Staff Representative: Carolyn Rogers P.O. III
 Youth's Advocate: Vincent Agu P.O. III
 Hearing Manager: Richard Morris P.O. II
 Others Present: Esther Garcia
 1. _____ 3. _____
 2. _____ 4. _____

ALLEGATIONS

Code	Description	Date of Offense/ Rule Violation	Proved (Y/N)	Felony (Y/N)
1. <u>0019</u>	<u>Non Compliance / Written Reasonable Request</u>	<u>8/10/11/95</u>		
2. _____	<u>" " " "</u>	<u>8/14/21/95</u>		
3. _____	<u>" " " "</u>	<u>8/23-24/95</u>		
4. _____	<u>" " " "</u>	<u>8/25-28/95</u>		
5. _____	<u>" " " "</u>			

EVIDENCE

Police Reports _____ Youth Statement _____ Behavior Summary _____
 Incident Reports _____ Staff Statement _____ Witness Testimony _____
 Other: Chronos

FINDINGS

_____ No Misconduct Proved
 _____ Misconduct proved constitutes
 _____ HRO High Risk Offense
 _____ FO Felony Offense
 _____ MRHR Major Rule Violation and Previous Classification for High Risk Offense
 _____ SBI Major Rule Violation Causing Substantial Bodily Injury
 _____ 2MAJ Two or more Major Rule Violations within 30 days
 _____ 3MAJ Three or more Major Rule Violations
 _____ Extenuating Circumstances Found

DISPOSITION

1. _____ SPU Status and Placement Unchanged
 2. _____ TR Disciplinary Transfer - It would be contrary to the welfare of the youth to remain in the current placement.
 _____ TP Temporary Placement at _____
 _____ PP Permanent Placement at _____
 3. _____ LOS Assignment of Minimum Length of Stay of _____ Months From _____
 4. _____ FUP Follow-up Placement at _____
 5. _____ FUR Follow-up Placement Not Appropriate

Hearing Manager's Signature _____ (Date) _____
 Executive Director's Decision: _____ Approved _____ Disapproved _____ Reduced _____
 Executive Director/Designee Signature _____ (Date) _____
 Institutional Superintendent or Regional Director Signature (signifies this report has been reviewed by the administrator to assure consistent application of policy). _____ (Date) _____

CCF-170
11/1/94

YOUTH COPIED: ☐

HARRIS COUNTY JUVENILE DETENTION CENTER
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: GARCIA, JUAN MARTIN

JUVENILE'S NUMBER: 164731

DATE

1-9-95 Youth c/o coughing x 2 days and generally not feeling well refer to MD for further evaluation. Throat sore

1/10/95 PPD given

Chronic EMTD

1/17/95

S: P/O cough - resolved.

Also c/o itching all over 3-4 days.

O: Atopic lesion on thighs. few excoriations on arms & hands.

A: ① Atopic dermatitis.

② Cough resolved

P: 1% Hydrocortisone on lesions on thighs x 3 days
Lubriderm lotion 2-3 x/day
RTC on Friday.

X 1-20-95

Kungundarus

MEDICAL DEPARTMENT, DECEMBER 13, 1991
TELEPHONE NUMBER: 713-521-4297

HARRIS COUNTY JUVENILE DETENTION CENTER
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Garcia, Juan Martin JUVENILE'S NUMBER: 164731

TE

7-15-93

SI Hit in face with basketball 7-14

no pain now, no visual problems

O/ no objective findings

PERRL, cornea clear no hyphema

no tenderness of bony orbit

A/ minor trauma

P/ no rx needed

Will Run *[Signature]*
Robert C. Hunt MD, FACP

8-11-93 955 pm S Clo back

JA doing good 7-15

P Jett H Jd O Basham

4/19/94 1:30 pm Nurse Rendell called

& requested a copy of our last admit. at West
Sent

MEDICAL DEPARTMENT, DECEMBER 13, 1991
PHONE NUMBER: 713-521-4297

TOOTH	NAME	SERVICES NECESSARY	FEES
1			
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7/30/93 Exam
4/8/94 Exam

MICHAEL B. ESHELMAN, D.D.S.
3540 WEST DALLAS
HOUSTON, TX. 77019

Michael B. Eshelman DDS

COPY OF DIAGNOSIS TO BE SENT _____ BIRTHDATE _____ AGE _____

MEDICAL HISTORY — SUMMARY

General Health _____

Existing Illness _____

Medicine/Drugs _____


Allergies _____

Blood pressure S / D / _____

DENTAL HISTORY — SUMMARY
 Attitude _____
 Home Care _____
 WNR

CLINICAL DATA

General Condition of Teeth _____
Plaque _____ Stains _____ Abrasions _____
Condition of Present Restorations _____
Overhangs _____ Contact Points _____ Severe _____
Inflammation of Gingival Tissue: Slight _____ Moderate _____
Color _____ Recession _____ Pockets _____
Condition of the Floor of Mouth _____
Palate: Hard _____ Soft _____ Cheeks _____ Lips _____
Frenum _____ Tongue _____ Ridges _____
Presence of Exudate _____ Areas of Food Retention _____ Saliva _____
Calculus: Slight _____ Moderate _____ Excessive _____ Oral Cancer Exam _____
TMJ _____ Neck _____ Occlusion _____
Results of X-ray: Bone _____ Root Tips _____ Impactions _____
Supernumerary _____ Abscesses _____

HEALTH ALERTS: 	
SUMMARY:	

Handwriting practice sheet for the letter 'A' on musical staves. The sheet is divided into three columns. The first column contains the letter 'A' in various sizes and orientations (upright, inverted, slanted) for tracing. The second column contains the letter 'A' in various sizes and orientations for tracing. The third column contains the letter 'A' in various sizes and orientations for tracing. The musical staves are numbered 1 through 16 at the top.

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
a	b	c	d	e	f	g	h	i	j						
X-Rays															
Date															
Diagnostic Models															
Date															
Photograph															
Clinical Exam															
Vitality Test															
Test Results															

Form 1018 ©1971, 1977

SYGCOM Madison, WI

Printed in U.S.A.

t	s	r	q	p	o	n	m	l	k
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TRANSFER PLACEMENT AND/OR RELEASE FORM
HARRIS COUNTY BURNETT-BAYLAND HOME
MEDICAL DEPARTMENT

YOUTH'S NAME: GARCIA, JUAN MARTIN
YOUTH'S NUMBER: 164731
DIAGNOSIS: as of 7/5/94 none Youth on And
Status since
YOUTH ON MEDICATION AND/OR
TREATMENT: none as of 7/5/94 7/5/94
PRECAUTIONS: none as of 7/5/94
ACTIVITIES: normal as of 7/5/94
SUGGESTED FOLLOW-UP: none
LABORATORY RESULTS: none
MEDICAL RECOMMENDATIONS AND/OR
REFERRALS: none as of 7/5/94
DATE: 7/5/94 LOCATION: 7/5/94
TIME: 7/5/94 TELEPHONE: 7/5/94
IMMUNIZATION:
DT: 9/13/85 MMR: *15/80/81 *22/81
POLIO: 9/13/85 PPD: Dec 8/27/93
Tulitown, PN
SIGNATURE OF DESIGNATED GUARDIAN ACCEPTING THIS DOCUMENT
m. J. [Signature] 1/6/95
SIGNATURE OF MEDICAL STAFF DATE

FOR ADDITIONAL MEDICAL INFORMATION, PLEASE CONTACT:
HARRIS COUNTY BURNETT-BAYLAND HOME, MEDICAL DEPARTMENT
(713) 661-3325.

DISTRIBUTION:
WHITE COPY TO ACCOMPANY DESIGNATED GUARDIAN, YELLOW COPY TO MEDICAL FILE.

gyp

Detention Summary

Juvenile Detention Center

Harris County Juvenile Probation Department

Youth's Name: Garcia, Juan M Juvenile#: 164731
Date of Admission: 1-14-95 Date of Release: 1-20-95
Date of Summary: 1-19-95

Summary Text

Juan was not referred at intake for a psycho-social assessment. However, youth received a assessment today by Mr. Adualar for type dispositional.

Juan was generally co-operative & participated in group sessions & unit activities. Juan was willing to listen & discuss concerns. Youth did receive 1 room confinement for displaying with a peer-resident.

Maryetta Clark
Institutional Caseworker/Clinician or Designee

March, 1990

ACADEMIC

NAME GARCIA JUAN M
ADDRESS 1030 BOYLES
HOUSTON TX 77620
PHONE NONE
PARENT NONE
EMER: 676-2073
XXXXXXX SIERRA JOHNNY L

PERMANENT RECORD
PUGH ELEMENTARY
HOUSTON INDEPENDENT SCHOOL DISTRICT
HOUSTON, TEXAS

STUDENT ID 352215
SEX M
SOCIAL SECURITY NUMBER
DATE OF BIRTH 02-18-80
PLACE OF BIRTH HOUSTON TX
KN 030

SCHOOL	NAME	ID	SCH	GR	ADV	TCH	ENTRY DTE	COURSE	AVG
1	GARCIA	352215	EL101	01	86-87	DI	11-21	MATH	76
2	GARCIA	352215	EL101	01	86-87	DI	11-21	READING	74
3	GARCIA	352215	EL101	01	86-87	DI	11-21	LANGUAGE	80
4	GARCIA	352215	EL101	01	86-87	DI	11-21	SPELLING	72
5	GARCIA	352215	EL101	01	86-87	DI	11-21	SCIENCE	77
6	GARCIA	352215	EL101	01	86-87	DI	11-21	SOCIAL STUDIES	81
7	GARCIA	352215	EL101	01	86-87	DI	11-21	MUSIC	5
8	GARCIA	352215	EL101	01	86-87	DI	11-21	ART	5
9	GARCIA	352215	EL101	01	86-87	DI	11-21	PHYSICAL ED.	5
10	GARCIA	352215	EL101	01	86-87	DI	11-21	HANDWRITING	5
11	GARCIA	352215	EL101	01	86-87	DI	11-21	HEALTH	5
12	GARCIA	352215	EL101	01	86-87	DI	11-21	CONDUCT	5

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11	GARCIA	352215	EL101	01	86-87	DI	11-21	HEALTH	5
12	GARCIA	352215	EL101	01	86-87	DI	11-21	CONDUCT	5

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12	GARCIA	352215	EL101	01	86-87	DI	11-21	CONDUCT	5

SCHOOL	NAME	ID	SCH	GR	ADV	TCH	ENTRY DTE	COURSE
--------	------	----	-----	----	-----	-----	-----------	--------

NAME Francis Juan SEX _____
ADDRESS _____
PHONE _____
PARENT OR GUARDIAN _____
STUDENT ID _____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ RACE _____
PLACE OF BIRTH _____
HOUSTON INDEPENDENT SCHOOL DISTRICT
HOUSTON, TEXAS

NAME		ID		SCH		GR		ADV		TCH		ENTRY DTE		COURSE		AVG		REMARKS	
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		MATH/3		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		READ/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		WRIT/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		SCIENCE		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		SOC. ST.		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		FINE ART		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		PHY. ED.		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		HANDWRIT		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		HLTH/SAF		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		MATH/3		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		READ/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		WRIT/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		SCIENCE		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		SOC. ST.		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		FINE ART		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		PHY. ED.		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		HANDWRIT		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		HLTH/SAF		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		MATH/3		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		READ/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		WRIT/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		SCIENCE		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		SOC. ST.		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		FINE ART		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		PHY. ED.		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		HANDWRIT		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		HLTH/SAF		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		MATH/3		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		READ/2		90			
GARCIA, JM		352215		WHARTON		05		91-92		08-26		08-27		WRIT/2		90			

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[illegible]

[illegible]



HARRIS COUNTY JUVENILE PROBATION DEPARTMENT
HOUSTON INDEPENDENT SCHOOL DISTRICT
ALTERNATIVE SCHOOLS
3540 W. DALLAS HOUSTON, TX. 77019 (713) 527-1847



HOME SCHOOL

S.S.# 373-92-9920

I.D.# 352215

SENT TO TYC

DATE SENT 01/20/95

GRADE 07

RACE H

LAST NAME GARCIA

FIRST NAME JUAN

M.I. MARTIN

D.O.B 02/18/80

SPEC ED HC LD

LARD 08/31/93

LEP Y/N N

LEP STATUS

LATEST-LPAC

ENROLL DATE 01/04/95

W/D DATE

RE-ENT 1

RE-ENT 2

RE-ENT 3

RE-ENT 4

RE-ENT 5

W/D 1

W/D 2

W/D 3

W/D 4

W/D 5

1994-95

FIRST SEMESTER	AUGUST	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9	16	26	13
MATH																				80
LANGUAGE ARTS																				80
HISTORY																				73
SCIENCE																				85
ELECTIVE																				85

SECOND SEMESTER	JANUARY	20	27	3	10	17	24	3	10	24	31	7	14	21	28	5	12	19	26	JUNE
MATH																				
LANGUAGE ARTS																				
HISTORY																				
SCIENCE																				
ELECTIVE																				

A 90-100 EXCELLENT B 80-89 GOOD
C 75-79 AVERAGE D 70-74 PASSING
F 50-69 FAILURE

Bill McCluskey
Bill McCluskey, Principal

IF YOU HAVE ANY QUESTIONS,
PLEASE CALL (713) 527-1847.



PIM MURRAY

EDUCATIONAL ASSESSMENT

TEXAS YOUTH COMMISSION
CHILD CARE FORM

Type: <input checked="" type="checkbox"/> Intake <input type="checkbox"/> ARD Committee Review <input type="checkbox"/> Release <input type="checkbox"/> GED Exam		Date: <u>1-20-95</u> (MM-DD-YY)
Case Number: <u>0830355</u>	Youth's Name: <u>GARCIA JUAN MARTIN</u>	
Location: <u>Reception Center</u>	Birth Date: <u>2-18-80</u> (MM-DD-YY)	Chronological Age: <u>14-11</u>
Race/Ethnic Group: <input type="checkbox"/> White <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Other		Last Grade Completed: _____ Last Grade Attended: <u>6</u>
<input type="checkbox"/> Black <input type="checkbox"/> Am. Ind.		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Educational Tests and General Information: <input checked="" type="checkbox"/> WI-R Test Administered: Date: <u>1-27-95</u> <table style="width: 100%;"> <tr><td>Reading Total</td><td><u>1.3</u></td><td><u>31</u></td></tr> <tr><td>Reading Comp.</td><td><u>1.4</u></td><td><u>41</u></td></tr> <tr><td>Math Total</td><td><u>2.6</u></td><td><u>58</u></td></tr> <tr><td>Math Concepts & App.</td><td><u>3.0</u></td><td><u>72</u></td></tr> <tr><td>Language Total</td><td>_____</td><td>_____</td></tr> </table> <input type="checkbox"/> TABE Test Administered: Date: _____ Test Type: <input type="checkbox"/> Pre <input type="checkbox"/> Progress <input type="checkbox"/> Post <table style="width: 100%;"> <tr><td>Reading Total</td><td>_____</td><td>_____</td></tr> <tr><td>Reading Comp.</td><td>_____</td><td>_____</td></tr> <tr><td>Math Total</td><td>_____</td><td>_____</td></tr> <tr><td>Math Concepts & App.</td><td>_____</td><td>_____</td></tr> <tr><td>Language Total</td><td>_____</td><td>_____</td></tr> </table> <input type="checkbox"/> Served in Chapter 1 class or computer lab		Reading Total	<u>1.3</u>	<u>31</u>	Reading Comp.	<u>1.4</u>	<u>41</u>	Math Total	<u>2.6</u>	<u>58</u>	Math Concepts & App.	<u>3.0</u>	<u>72</u>	Language Total	_____	_____	Reading Total	_____	_____	Reading Comp.	_____	_____	Math Total	_____	_____	Math Concepts & App.	_____	_____	Language Total	_____	_____	<input checked="" type="checkbox"/> IQ Test Administered: Date: <u>1-25-95</u> <u>WISC III</u> Verbal IQ: <u>81</u> Performance IQ: <u>87</u> Full Scale IQ: <u>83</u> <input type="checkbox"/> _____ Date: _____ Results: _____ <input type="checkbox"/> Language Proficiency Test: Test Name: <u>LAS-0 N/A</u> Level: _____ Date: _____ English _____ Spanish _____ HLS signed _____ Sent <u>1-23-95</u> ESL Needs: LEP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Test Given (include TAAS): <u>WRIOT 1-27-95</u> Results: _____ <input type="checkbox"/> GED Examination: Date: _____ Passed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> High School Diploma: Date: _____ Vocational: Yes No <u>(NA)</u>
Reading Total	<u>1.3</u>	<u>31</u>																														
Reading Comp.	<u>1.4</u>	<u>41</u>																														
Math Total	<u>2.6</u>	<u>58</u>																														
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Language Total	_____	_____																														

Intake Handicap Screening: SPECIAL EDUCATION: Parent and Student Rights Booklet sent-- <input checked="" type="checkbox"/> Intake educational assessment indicates that when the youth enters an educational program the following circled handicapping conditions may be determined: PI Physical Impairment LD Learning Disability VI Vision Impairment MR Mentally Retarded HI Hearing Impairment ED Ser. Emotion Disturb. SI Speech Impairment MH Multihandicapped <u>Grm 005 has indicated emotional disturbance (per) treatment criteria</u> Handicap(s) Previously Documented by an ARD Committee: _____ Comments: <u>Attended 6th grade, Burnett-Bayland Home, 93-94 school year, ran away from B.B.H. 1-31-94. (court records indicate sp. ed.)</u> Prepared By: <u>Kathy Skalak</u> <u>SP</u> Title: <u>Educational Diagnostician</u>	
--	--

ARD Committee Review: Meeting Date: _____ Committee Determination (circle handicapping condition): _____ PI Physical Impairment LD Learning Disability VI Vision Impairment MR Mentally Retarded HI Hearing Impairment ED Ser. Emotion Disturb. SI Speech Impairment MH Multihandicapped Determination Method/Comments: _____ _____ _____ Committee Chairman: _____ Title: _____	
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CCF-011
10/1/92TEXAS YOUTH COMMISSION
STATEWIDE RECEPTION CENTERP O Box 872
Brownwood, Texas 76804

MENTAL HEALTH DRUGS/ALCOHOL

JUVENILE DETENTION CENTER
PSYCHOSOCIAL SERVICES DIVISION
REFERRAL ASSESSMENT FORM

Juvenile's Name: Garcia, Juan
I.D. Number: 164731 Sex: M Race: H DOB: 2/18/80 Age: 14
Date of Admission: 1-4-95 Offense: NON-SERIOUS
Probation Officer/Caseworker: PAT SANDERS

Reason for Referral: Dispositional Alternative

Current mood, affect, behavior: MOOD appeared normal, affect was appropriate and youth was cooperative.

Psychopathology/Orientation 3X: NO psychopathology was noted and youth was oriented by 3X.

Suicidal/Self-Abusive Behavior (history, ideation, planning):

Youth denied current and past suicidal ideation and behavior. No suicidal plans reported.

Summary/Recommendations: Youth is a 14-yr-old Hispanic male referred to psychosocial services to determine his current mental status prior to being placed at TYC. Youth appeared mentally alert and appropriate, and no psychopathology was noted. He denied current and past suicidal ideations and behavior. Youth was oriented by 3X and no auditory or visual hallucinations were noted in his behavior. He denied alcohol or drug use as well as psychiatric history. However, youth reported that he participated in family counseling a few years ago when his 15-yr-old sister was seeing a therapist. Youth stated he was placed at BBH last year from where he avoided prior to being rearrested. Youth states he is ready to serve his term in placement in order to return home to his family. He wants to be an Artist or a Dentist in future. Youth lives with mother, 2 sisters and brother-in-law. He last attended Gregory Lincoln Middle School and was in the 6th grade before being "kicked out". Placements in a secure and structured environment where youth can address his impulsive behavior. Provisions of educational opportunity.

Therapist: Zee Oduola, LMSW Date: 1/19/95

Zee Oduola, LMSW

Psychiatric Report

Date: August 13, 1998

Case Number: 0857490

Youth's Name: Juan Garcia

Location: West Texas State School

Chief Complaint:

"I just left security yesterday."

Brief History:

He just left security confinement. He has been tolerating his medication well. He did not have any complaints or concerns today. Specifically, he was not complaining of sedation. Juan seems to have a rather passive attitude to him. He does not have a specific plan as to how he is going to stay out of security. He seems to have lost some interest in processing his feelings and his thoughts. He was rather cordial during the interview, but aloof.

There are no side effects.

Mental Status:

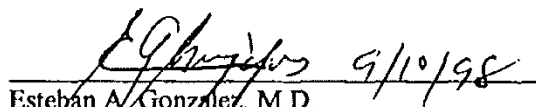
Noted above.

Diagnosis:

ADHD:

Recommendations:

I will continue Elavil 100 mg at bedtime, and Clonidine 0.1 mg twice a day. Follow up is scheduled for one month.


Esteban A. Gonzalez, M.D.
Psychiatrist

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• FEDERALLY PROTECTED INFORMATION •
42 CFR PART 2

Psychiatric Report

Date: September 10, 1998

Case Number: 0857490

Youth's Name: Juan A. Garcia

Location: West Texas State School

Brief History:

Chief Complaint: "I've been refusing the Clonodine."

Juan was seen today out of security. He has been refusing his Clonodine because he said it didn't make him sedated so he didn't think it was of any help to him. He has also had some concerns about the fact that he needs to be on medication. He would like to work the program on his own, yet his defiant and belligerent attitude continues to be a problem. He would like to stay on the Elavil because it helps him sleep. When he has been off of it he has had difficulty sleeping; otherwise, he doesn't think he needs anything during the day as he feels he is capable of working the program.

Side Effects: none.

Mental Status:

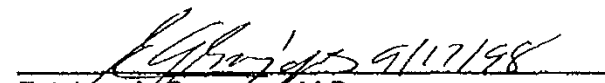
He is alert, somewhat high strung and loud but not belligerent or frankly oppositional. Mood is euthymic. Thoughts are logical and coherent. Insight and judgment is good.

Diagnosis:

ADHD; Conduct Disorder

Recommendations:

Discontinue Clonodine; continue Elavil 100mg at bedtime. Certainly Juan's problems are more characterological problems or conduct disorder and he needs to continue his TYC program. Follow-up is scheduled in one month.


Esteban A. Gonzalez, M.D.
Psychiatrist

FEDERALLY PROTECTED INFORMATION
42 CFR PART 2

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HARRIS COUNTY
DEPARTMENT OF EDUCATION
6300 IRVINGTON BLVD. HOUSTON, TEXAS 77022 (713) 694-6300

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NAME: Juan Martin Garcia RACE/SEX: Latin/Male
AGE: 13-05 DATE OF BIRTH: 02/18/80
DATE OF EVALUATION: 07/22/93
PLACEMENT AT TIME OF EVALUATION: Ward

REFERRED BY: S. Gonzalez
Harris County Juvenile Probation Dept.

SOURCES OF EVALUATION: Test of Nonverbal Intelligence-2 (TONI-2B)
Wide Range Achievement Test-Revised (WRAT-R)
Roberts Apperception Test
Rorschach
Draw-A-Person
Incomplete Sentences Blank-High School Form
Interview with Client

PSYCHOLOGICAL EVALUATION

REASON FOR REFERRAL

Juan Martin Garcia was referred for evaluation in order to examine his current psychological functioning and to assist in case disposition. Juan was informed of the purpose of the testing and advised that both the probation officer and the Court might use the information in the disposition of his case.

Juan's present referral is for theft and burglary in which he allegedly broke into his neighbor's apartment. Juan is in detention due to his failure to show for a court date in June, 1993. Originally he was to be on an Informal Adjustment, however his failure to cooperate with the terms of this agreement resulted in its cancellation. He has a subsequent referral for mischief occurring in May, 1993. Juan's referral history dates to April, 1992 when he was referred for aggravated sexual assault

of a child under 14 years. Juan says he does not remember what this involved. He also has a referral for trespassing and terroristic threat and was expelled by the school for the semester in February of this year. Juan says that he was expelled for "bringing a gun to school" but he denies the allegation. He says that he did threaten a teacher, however. According to the JPD's report, Juan threatened to "shoot" a teacher in a classroom "while she tried to counsel with him about his behavior." He was expelled the next day for having a weapon at school.

PERSONAL HISTORY

Juan is the second of three children born to the mother who never married. According to Juan, his father is in jail for allegedly sexually abusing Juan's older sister; the sister is in CPS custody. According to the JPD's report, Juan is an extreme behavioral problem at home. The report states that he is verbally abusive to his mother and "often comes home under the influence of alcohol and a very aggressive state of mind."

Juan reports that he and the mother gets along "alright." Juan says that he speaks Spanish in the home. The mother is not employed outside the home due to a disability; Juan says he thinks she had polio at one time.

Juan last attended Gregory Lincoln where he was in the 6th grade in regular academic classes. Both attendance and behavior are noted as poor according to information provided by the JPD. Juan was expelled for the remainder of the school year in February, 1993. Juan states that he was in and out of special education throughout his academic career. He was unclear on why "they kept changing me" but said he thought special education classes were "fun." He reports that he failed the 3rd grade.

Juan says that he last had alcohol "a long time ago" which translated into approximately two months ago. He says that he is no longer a cigarette smoker and last smoked marijuana "a year ago" however the latter was very unclear as he also stated he had marijuana when he last had alcohol. Attempts at clarification were unsuccessful. Juan denies the use of any of the other substances about which he was questioned. Juan also denies any suicidal ideation in the past or present. When questioned regarding his gang affiliation, Juan says that he "used to" belong to a gang but "I was out the day I got in here." He also denies and physical or sexual abuse.

TEST BEHAVIOR AND APPEARANCE

Juan is a cute, 13-year-old Hispanic male of small stature. He approached the testing session with what appeared a good deal of energy however it became apparent during the testing that he was highly distractible and impulsive. During the session he began attending to what was occurring outside the testing room and had to be redirected in several instances back to the tasks. Juan conversed easily with the examiner however it was often a detached, distant communication in that Juan often seemed insincere in his comments and answers. It was also noted that there were frequent inconsistencies both in content and affect. Juan did not appear to take much seriously and he often laughed when telling about a situation which ordinarily would not call for a humorous response. Both expressive and receptive language skills seemed adequate. Juan put forth minimal effort in the completion of the tasks however results are thought to be a representative and reliable sample of his current functioning.

TEST RESULTS AND INTERPRETATION

Intellectual screening with the TONI-2 suggests Juan is functioning in the Average range of intelligence with a Quotient of 100 which is in the 50th percentile. On the WRAT-R he achieved the following grade equivalents and standard scores: Reading, Below 3 (SS 50); Spelling, Below 3 (SS 61); and Arithmetic, 3B (SS 52). This screening of potential and academic skills results in a score discrepancy which suggests the possibility of a learning disability. However, in addition to being bilingual, due to Juan's academic history which includes poor attendance and behavior it is unclear whether he has had an adequate opportunity to learn. Therefore more comprehensive testing is suggested after Juan has been stabilized in an academic environment.

Responses on the projective testing were limited and essentially Juan was somewhat passive-aggressive in his participation. In other words while not actively refusing to participate, his participation was minimal and therefore yielded limited interpretable data on some instruments.

Projective testing that he did complete did not suggest the presence of a thought disorder or psychotic process. There is some suggestion in the data of an individual who has little insight into his behavior and prefers to deal with situations spontaneously rather than attempting to think about them prior to acting. Denial may be the mechanism by which Juan

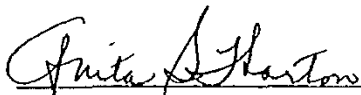
tends to deal with difficulties both involving his own and others' feelings or behavior. In spite of his reports to the contrary, projective themes included a number of references to "getting into trouble" or being "hit". While getting into trouble has been a large part of Juan's life, there is limited information regarding whether or not he has witnessed or been a victim of physical abuse. Behavioral indications both from his history and from limited observation suggest similarities to those who have been diagnosed with an attention deficit disorder.]

SUMMARY AND RECOMMENDATIONS

Juan is a 13 year old with potential functioning in the Average range who is essentially a non-reader. His history indicates a tendency to be oppositional and have particular difficulty with authority. There is possibly a history of abuse which he does not acknowledge and many of his behaviors are similar to those children who have been diagnosed with an attention deficit disorder.

1. Placement is suggested as Juan has not proven amenable to the guidance of his mother and the probation department. A structured environment which can address Juan's behavioral needs is suggested. This would have to be one which would also limit Juan's opportunities to abscond.
2. After Juan is in placement and has had an opportunity to adjust, two additional evaluations are suggested: a psychoeducational assessment to determine Juan's academic needs and a further evaluation of cognitive and behavioral indications of attention deficit disorder. More comprehensive behavioral data is needed to make the ADHD diagnosis than is available in the present assessment situation. Additionally, there may be a need for a medication assessment.
3. Counseling is strongly recommended to assist Juan in developing less aggressive more socially acceptable means of dealing with his difficulties. It is unclear from the information provided what interventions have been utilized with the family and their numerous problems. A family needs assessment, if it has not been done in conjunction with their contact with other social service agencies, may be appropriate. It should also be determined if family counseling would be helpful both in assisting Juan in

adjusting to the familial problems which have been noted and to assist the mother in gaining more adequate parenting skills.

A handwritten signature in cursive script, reading "Anita S. Horton", is written over a horizontal line.

Anita S. Horton, Ph.D.
Certified Psychologist

JUVENILE DETENTION CENTER
PSYCHOSOCIAL SERVICES DIVISION
REFERRAL ASSESSMENT FORM

Juvenile's Name: Garcia, Juan
I.D. Number: 164731 Sex: M Race: H DOB: 2/18/80 Age: 14
Date of Admission: 1-4-95 Offense: NON Serious
Probation Officer/Caseworker: Pat Sanders

Reason for Referral: Dispositional Alternative
Current mood, affect, behavior: Mood appeared normal, affect was appropriate and youth was cooperative.
Psychopathology/Orientation 3X: No psychopathology was noted and youth was oriented by 3X.

Suicidal/Self-Abusive Behavior (history, ideation, planning):
Youth denied current and past suicidal ideation and behavior. No suicidal plans reported.

Summary/Recommendations: Youth is a 14-yr-old Hispanic male referred to psychosocial services to determine his current mental status prior to being placed at TYC. Youth appeared mentally alert and appropriate, and no psychopathology was noted. He denied current and past suicidal ideations and behavior. Youth was oriented by 3X and no auditory or visual hallucinations were noted in his behavior. He denied alcohol or drug use as well as psychiatric history. However, youth reported that he participated in family counseling a few years ago, when his 15-yr-old sister was seeing a therapist. Youth stated he was placed at BBT last year from where he avoided prior to being rearrested. Youth states he is ready to serve his term in placement in order to return home to his family. He wants to be an Artist or a Dentist in future. Youth lives with his mother, 2 sisters and brother-in-law. He last attended Gregory Lincoln Middle School and was in the 6th grade before being "kicked out." RX: Placement in a secure and structured environment where youth can address his impulsive behavior. @ provisions of educational opportunity.

Therapist: Zee Oduola, LMSW Date: 1/19/95

Zee Oduola, LMSW



PSYCHOLOGICAL EVALUATION

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TEXAS YOUTH COMMISSION
CHILD CARE FORM

PM

Case Number: 0830355 Youth's Name: Garcia Juan M.
Last First MI
Location: Statewide Reception Center D.O.B.: 2-18-80
Sex: ☒ Male Race/Ethnic Group: ☐ White Age: 14.11 Grade: 6
☐ Female ☐ Black
☒ Hispanic
☐ Other
Psychologist's Name: Ken Murray M.S. Date of Evaluation: 1-25-95

Assessment Sources:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> TYC Case Records | <input type="checkbox"/> MMPI | <input type="checkbox"/> Ravens Prog. Matrices |
| <input checked="" type="checkbox"/> Clinical Interview | <input checked="" type="checkbox"/> WISC-III | <input type="checkbox"/> IPAT Culture Fair |
| <input type="checkbox"/> Draw-A-Person | <input type="checkbox"/> WAIS | <input type="checkbox"/> Rorschach |
| <input checked="" type="checkbox"/> Bender-Gestalt | <input type="checkbox"/> TONI | <input type="checkbox"/> Incomplete Sentence Block |
| <input type="checkbox"/> Kinetic Family Drawing | <input type="checkbox"/> CAT/TAT | <input checked="" type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Benton Visual Retention Test | <input type="checkbox"/> HSPQ | Substance Abuse Subtle Screening Inventory (SASSI) |

Test Results:

Scaled Scores: ✓ WISC-III WAIS
Verbal: Performance:
5 Information 7 Digital Symbol
(7) Comprehension 11 Picture Completion
7 Arithmetic 10 Block Design
8 Similarities (8) Picture Arrangement
6 Digit Span (8) Object Assembly
6 Vocabulary
81 Verbal I.Q. 87 Performance I.Q. 83 Full Scale I.Q.
81 Percentile Rank 87 TONI quotient 83 Raven's Prog. Matrices I.Q.
81 IPAT Culture Fair Test

Diagnostic Impression:

AXIS I: 312.8 Conduct disorder, adolescent onset
Rule out substance dependence
Rule out Attention Deficit Hyperactivity Disorder (by 7-93 psy eval.)
 AXIS II: Rule out Hearing Disability NOS (by 7-93 psy eval.)
✓ V76.09 No diagnosis

The following narrative sections should be included in this report:

Reason for Referral

Relevant Background Information

Behavioral Observations

Test Interpretation

Summary and Recommendations

Ken Murray M.S.

Psychologist's Signature, Degree

Date

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Michael D. Murry, Ph.D.
Clinical Psychologist
P. O. Box 331507
Fort Worth, TX 76163
(817) 292-4179

January 13, 1996

PSYCHOLOGICAL EVALUATION: BRIEF UPDATE

0830355

CLIENT...Juan Martin Garcia
AGE.....15 years, 10 months

DATE OF BIRTH.....2-18-80
DATE OF EVALUATION...1-7-96

This boy was referred for evaluation by Greg Pilkington of the Parker County Youth Emergency Shelter on behalf of the Texas Youth Commission. Juan was temporarily placed at the Parker County Shelter. This evaluation was sought to assess current needs regarding further treatment and placement. There were no records available to review nor family members available for collateral information. The history described below was offered by the youth and could not be verified by other sources.

ASSESSMENT PROCEDURES:

Clinical Interview with Client
Test of Nonverbal Intelligence-2
Benton Revised Visual Retention Test
Child Behavior Checklist Youth Self-Report
PRESENTING PROBLEMS:

Juan stated he was on parole living with his mother in Houston recently. He said he violated parole by failing to report. He said he was picked up 12-29-95 and was sent to the Parker County Shelter. He said he expects to be in the shelter 30 days then return home.

RELEVANT PAST HISTORY:

Juan stated he was committed to the Texas Youth Commission in early 1995 for aggravated assault, auto theft, burglary, and violation of probation. After in-processing at the SRC he was placed at the West Texas State School for six months, then was paroled in July 1995.

Juan stated he grew up in Houston and has lived mostly with his mother and step-father. He said he was the second born of his mother's three children. He said he never met his father and knows nothing about him. He said his mother is disabled due to polio and is on Social Security disability. He said he got along with his parents real well. He stated he was never a victim of physical or sexual abuse.

Juan stated he has enjoyed good health with no major illnesses. He takes no medications. He stated he suffered a broken wrist in a bicycle accident at age fourteen. He said he has never been knocked unconscious or had other significant head injury. He stated he has never been diagnosed as having attention deficit disorder or taken Ritalin. He stated he had never had problems with depression, other than missing his

the Court has found that the evidence is sufficient to establish that the defendant is guilty of the crime charged. The evidence is sufficient to establish that the defendant is guilty of the crime charged.

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Juan Martin Garcia

Page 2

Psychological Evaluation

girlfriend and family. He said he has never made a suicide attempt nor received psychiatric treatment.

Juan stated he was an average student in elementary school. He said he did not have behavior problems in first and second grade. But from third grade on, each year he was in more and more trouble. Since fifth grade he has been involved in lots of fights. He said he was expelled from school in sixth grade. He was placed in a group home by juvenile services, when he was twelve years old. He said he was in Special Education classes in third through fifth grades due to reading and spelling problems. He said he expects to drop out of school as soon as he turns 16 and work toward a GED.

Juan stated he started using marijuana at age 13. He said he used to smoke marijuana every day and drink alcohol about every other day. He said he has never had substance abuse related problems or charges. He said he tried cocaine about five or six times when he was fourteen years old. He said he hasn't used marijuana, alcohol or other drugs since he turned fifteen.

Juan stated he had about 20-30 referrals to juvenile services prior to his TYC commitment. Those charges included joy riding in a stolen vehicle, curfew violations, and failure to report. He stated he was a member of the Fourth Ward for Life and Latin Familia gangs for about six years. He said he dropped out of those gangs since he was committed to TYC. He said he got focused on his relationship with his girlfriend and stopped being involved with gangs. He said he also got out of the gang to help influence his younger sister to get out of the gang. He has several tattoos, including dots on his wrist and knuckles, the Roman numeral XIII, a low rider on his right hand, and his last name on his back. He said he would like to get tattoos of his mother's name, his baby's name, and a picture of the Virgin Mary on his back.

When asked how he has been doing since coming to the shelter, Juan stated he's doing, "okay." He said he misses his girlfriend and really wants to go home. When asked how he was doing before coming to the shelter, Juan stated he was doing all right. He said he was staying out of trouble and was working at a part time job, doing construction and building foundation work.

INTERVIEW BEHAVIOR AND IMPRESSIONS:

Juan presented casually dressed and appropriately groomed. He was pleasant and cooperative and appeared to be in no acute emotional distress. There was no agitation or psychomotor retardation. There were no unusual gestures, postures, or other abnormalities of overt behavior. Speech was of average rate and amount with no loose associations or other abnormalities in the stream of thought. There was no grandiosity, ideas of reference, persecutory thinking, or other indications of delusional thinking. He denied experiencing visual or auditory hallucinations. Mood was euthymic. Affect was appropriate and mood congruent. He was alert with no clouding of consciousness. Memory was grossly intact. He appeared to be of average intelligence.

When asked about future plans, Juan responded he wants to stay out of trouble and lead a normal life with his girlfriend and their baby.

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Juan Martin Garcia

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Psychological Evaluation

TEST RESULTS

Test of Nonverbal Intelligence - 2: The TONI-2 is a brief, single scale test of abstract problem solving and yields an estimate of intelligence. This test is less dependent on educational accomplishments than many other IQ tests. Juan obtained a TONI quotient of 91 at the 27th percentile. This score is in the average range of intelligence.

Benton Revised Visual Retention Test: This is a test of visual motor integration and immediate recall useful to screen for integrity of cognitive processing/brain function. Administration A, Form C was administered. Juan obtained a score of five correct. Seven correct would be expected based upon his age and IQ. But all of his errors were minor. He had the correct basic response on all items. His error appeared to be due to failure to follow instructions carefully, rather than failure to correctly perceive and reproduce the stimuli. His cognitive function thus did not appear to be impaired.

Child Behavior Checklist - Youth Self Report: This is the self report portion of a standardized, multi-rater system behavior assessment. Juan rated his own behavior and the resulting scores showed mild to moderate problems in several areas. Both the Externalizing (acting out) and Internalizing (emotional problems) indices were significantly above average. The high scores may have been an artifact of how he responded to the test. The instructions call for rating each behavior on a scale from zero to two. Zero is not present or not true at all. One is sometimes true and two is very true or often true. Juan rated a great many behaviors with a one. It was the middle choice and he may have thought it best to answer the middle choice rather than either extreme. Written comments on his answer sheet suggested he did not fully understand what was expected. His test scores do not appear to be an accurate indicator of his self perception and little significance can be attached to these scores.

SUMMARY AND RECOMMENDATIONS:

This is a 15 year old boy who reported he was actively involved in gangs since about age nine. He stated he had many referrals to juvenile services prior to his TYC commitment. But now he stated he is focusing all his attention on his pregnant girlfriend. He stated he has dropped out of the gang and wants to settle down to be a husband and father.

It appears that Juan has always been a headstrong boy who did what he wanted to do and tended to reject conventional advice and guidance. In the past he put his energies into being a gangster instead of going to school and getting his work done. Now he is determined to grow up fast and assume a lot of adult responsibility, instead of staying in school and maturing before taking on such responsibility. Of course, it is highly likely that this decision will turn out to be a bad one and Juan will be very unhappy with the outcome. But he is not likely to accept advice on this.

Testing showed Juan to be of average intelligence with intact cognitive processing. There was no indication that Juan is suffering from a major mental illness or signs of increased suicide risk. There is currently no need for intensive or specialized mental health services or suicide precautions.

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Juan Martin Garcia

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Psychological Evaluation

Juan appears intent on pursuing family life with his girlfriend. If he does so he will be less likely to be involved with the street gangs and crime. He appeared to have some problems with reading comprehension and it is likely that he will have a hard time earning enough money to adequately support his a wife and child.

Juan should be encouraged to pursue a GED and vocational training. He does not appear to have significant mental health treatment needs and treatment does not need to be a consideration in determining his next placement. It would appear that he could be appropriately served at a fairly low level of security and treatment intensity. He might be a risk to runaway, particularly if he was placed in a location beyond easy visitation distance from his girlfriend. He would probably have a higher likelihood of successfully adjusting in his next placement if he is closer to his girlfriend.

DIAGNOSTIC IMPRESSION (DSM-IV):

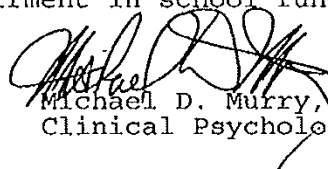
Axis I: 312.8 Conduct Disorder, Adolescent-Onset Type
305.00 Alcohol Abuse
305.20 Cannabis Abuse

Axis II: V71.09 No diagnosis on Axis II

Axis III: Deferred to physician, none reported

Axis IV: Psychosocial and Environmental Problems: Abandoned by father

Axis V: Current GAF: 60 Moderate impairment in school functioning



Michael D. Murry, Ph.D.
Clinical Psychologist



CONFIDENTIAL CONTINUATION SHEET
For Professional Use Only

TEXAS YOUTH COMMISSION
CHILD CARE FORM

Date: 1-25-95
MM DD YY

Case Number: 0830355 Youth's Name: Garcia, Juan M.
Last First MI

Location: Statewide Reception Center

Form Number/Name/Item: Psychological Evaluation page 2

Summary and Recommendations:

Juan was committed to TYC for Violation of Probation-Terroristic Threat and placement considerations. Juan last received a full psychological evaluation on 7-22-93. This included a TONI-2 instrument which yielded an IQ of 100. This falls in the average range of intellectual functioning. On the current WISC-III, Juan obtained a Full Scale IQ of 83 and this falls in the low average range of intellectual functioning. The results of the current update do not appear to significantly vary from the results of the psychological evaluation referenced above. In the professional opinion of this examiner, Juan appears to be fluent in English.

From clinical sources listed on page one and the clinical interview with Juan, it appears that Juan is not a person with psychosis or serious mental disturbance. Juan evidenced no acute signs of psychological distress and none were reported. No apparent formal thought disorder, delusional thinking, mental illness or mental retardation were evidenced or reported by Juan.

Regarding a mental status examination, Juan was adequately oriented in all three spheres and both his recent memory and remote memory were intact. The student's immediate recall was slightly below normal. Juan appears to be a low danger to self and he does not appear to be an active suicide risk at this time. Juan appears to be a medium to possibly high degree of danger to others at this time. Regarding current and past psychiatric/psychological abnormality, Juan's biological parents were never legally married and the biological father has been basically out of the picture, by report of the probation officer. The probation officer described Juan as ~~being~~ being impulsive and narcissistic, as well as manipulative and abusive of others. The probation officer reported that Juan's biological mother is crippled due to polio and that Juan ridicules his mother because of her condition. The student's family of origin is characterized by chronic poverty, inadequate discipline and numerous other psychosocial stressors. In the July, 1993 psychological evaluation referenced above, the examiner described Juan as essentially being a non-reader and that the student may possibly have a learning disability. Also, the examiner described Juan as having some characteristics of Attention Deficit Hyperactivity Disorder as well as conduct disorder type difficulties.



CONFIDENTIAL CONTINUATION SHEET
For Professional Use Only

TEXAS YOUTH COMMISSION
CHILD CARE FORM

Date: 1-25-95
MM DD YY

Case Number: 0830355 Youth's Name: Garcia, Juan M.
Last First MI

Location: Statewide Reception Center

Form Number/Name/Item: Psychological Evaluation page 3

* FEDERALLY PROTECTED INFORMATION *
42 CFR PART 2

The results of the clinical psychoactive substance abuse evaluation by the SRC LCDC indicates that Juan is chemically dependent. However, the specifics of that evaluation are not currently available. In the current Update, Juan was administered a Bender screening and the results of the Bender suggest relatively normal perceptual-motor functioning. In the clinical interview with examiner Murray, Juan reported that he previously was in the "Fourth Ward Posse" gang and the "LF" gang but that he got out of that gang when he was locked up. However, this youth appears to be still at risk for gang affiliation. Juan stated that he aspires to be involved in art classes and that he did want to go back to school.

Juan needs to be in a medium to high degree of structure in a placement and he needs to be in an inpatient substance abuse treatment program. Personal-social adjustment training should focus on gang intervention, sensitivity/victim empathy training, resocialization, social skills, accountability for actions, constructive expression of anger, nonviolent conflict resolution, reorientation to societal norms, impulse control and peer pressure education. Juan needs to be connected to an appropriate community male role model volunteer and he needs to be in a behavior therapy level system for needed behavioral structure. Juan needs to be in a simple prosocial goal setting program and he needs peer group therapy of a reality therapy mode to address issues of self-esteem, abandonment by biological father, family of origin issues and possible abuse that the student may have experienced. Juan needs educational, cultural and emotional enrichment/nurturance experiences and he needs independent living skills training and vocational education. Juan needs literacy training and he needs enrollment in art classes for prosocial rehabilitation purposes.

KM/cm
1-25-95

For each item below, circle the number which reflects how often you have experienced the situation described.

The numbers represent the following categories:
 0 = Never 1 = Once or Twice 2 = Several Times 3 = Repeatedly

ALCOHOL

1. DRANK ALCOHOL DURING THE DAY?
☒ 0 ☐ 1 ☐ 2 ☐ 3
2. TAKEN A DRINK OR DRINKS TO HELP YOU TALK ABOUT YOUR FEELINGS OR IDEAS?
☐ 0 ☐ 1 ☐ 2 ☐ 3
3. TAKEN A DRINK OR DRINKS SO YOU WOULDN'T FEEL TIRED OR TO GIVE YOU A LIFT WHEN YOU HAVE TO KEEP GOING?
☐ 0 ☐ 1 ☐ 2 ☐ 3
4. HAD MORE TO DRINK THAN YOU INTENDED TO?
☐ 0 ☐ 1 ☐ 2 ☐ 3
5. GOTTEN SICK FROM DRINKING? (E.G., VOMITING, DIZZINESS, HEADACHE)
☐ 0 ☐ 1 ☐ 2 ☐ 3
6. GOTTEN INTO TROUBLE IN SCHOOL, AT HOME, ON THE JOB, OR WITH THE POLICE BECAUSE OF DRINKING?
☐ 0 ☐ 1 ☐ 2 ☐ 3
7. BECAME VERY SAD OR FELT "DOWN" AFTER HAVING SOBERED UP?
☐ 0 ☐ 1 ☐ 2 ☐ 3
8. ARGUED WITH YOUR FAMILY OR FRIENDS BECAUSE OF YOUR DRINKING?
☐ 0 ☐ 1 ☐ 2 ☐ 3
9. HAD A STRANGE EXPERIENCE WHEN DRINKING (SUCH AS SEEING SOMETHING NOT REALLY THERE) THAT CAME BACK WHEN YOU HADN'T BEEN DRINKING FOR A WHILE?
☐ 0 ☐ 1 ☐ 2 ☐ 3
10. LOST FRIENDS BECAUSE OF DRINKING?
☐ 0 ☐ 1 ☐ 2 ☐ 3
11. FELT REALLY NERVOUS OR SHAKY AFTER HAVING SOBERED UP?
☐ 0 ☐ 1 ☐ 2 ☐ 3
12. TRIED TO KILL YOURSELF WHILE DRUNK?
☐ 0 ☐ 1 ☐ 2 ☐ 3

OTHER DRUGS

1. TAKEN DRUGS TO IMPROVE YOUR THINKING AND FEELING?
☐ 0 ☐ 1 ☐ 2 ☐ 3
2. TAKEN DRUGS TO HELP YOU FEEL BETTER ABOUT A PROBLEM?
☐ 0 ☐ 1 ☐ 2 ☐ 3
3. TAKEN DRUGS TO BE MORE AWARE OF YOUR SENSES (E.G., SIGHT, HEARING, TOUCH, ETC.)?
☐ 0 ☐ 1 ☐ 2 ☐ 3
4. TAKEN DRUGS SO YOU COULD ENJOY SEX MORE?
☐ 0 ☐ 1 ☐ 2 ☐ 3
5. TAKEN DRUGS TO HELP YOU FORGET THAT YOU FEEL HELPLESS AND WORTHLESS?
☐ 0 ☐ 1 ☐ 2 ☐ 3
6. TAKEN DRUGS TO FORGET SCHOOL, WORK OR FAMILY PRESSURES?
☐ 0 ☐ 1 ☐ 2 ☐ 3
7. GOTTEN INTO TROUBLE WITH THE POLICE BECAUSE OF DRUGS?
☐ 0 ☐ 1 ☐ 2 ☐ 3
8. GOTTEN REALLY STONED OR WIPED OUT ON DRUGS (MORE THAN JUST HIGH)?
☐ 0 ☐ 1 ☐ 2 ☐ 3
9. TRIED TO TALK A DOCTOR INTO GIVING YOU SOME PRESCRIPTION DRUG (E.G., TRANQUILIZERS, PAIN KILLERS, DIET PILLS, ETC.)?
☐ 0 ☐ 1 ☐ 2 ☐ 3
10. SPENT YOUR SPARE TIME BUYING, SELLING, TAKING, OR TALKING ABOUT DRUGS?
☐ 0 ☐ 1 ☐ 2 ☐ 3
11. USED ALCOHOL AND OTHER DRUGS AT THE SAME TIME?
☐ 0 ☐ 1 ☐ 2 ☐ 3
12. CONTINUED TO TAKE A DRUG OR DRUGS TO AVOID THE PAIN OF WITHDRAWAL?
☐ 0 ☐ 1 ☐ 2 ☐ 3
13. FELT YOUR DRUG USE HAS KEPT YOU FROM GETTING WHAT YOU WANT OUT OF LIFE?
☐ 0 ☐ 1 ☐ 2 ☐ 3
14. BEEN ACCEPTED INTO A TREATMENT PROGRAM BECAUSE OF YOUR DRUG USE?
☐ 0 ☐ 1 ☐ 2 ☐ 3

093092 F

0830355

ADOLESCENT FORM

T F

If a statement is TRUE or MOSTLY TRUE for you, fill in the square in the column headed T; that is, if a statement is FALSE or MOSTLY FALSE for you, fill in the square in the column headed F; that is, Please try to answer all questions.

	T	F
<input checked="" type="checkbox"/> MOST PEOPLE MAKE SOME MISTAKES IN THEIR LIFE.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AT LEAST ONE OF MY PARENTS WAS OFTEN VERY SAD, ANXIOUS, OR UNHAPPY WHEN I WAS A CHILD.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE NEVER BEEN IN TROUBLE WITH THE PRINCIPAL OR WITH THE POLICE.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I AM ALWAYS WELL BEHAVED IN SCHOOL.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NO ONE HAS EVER CRITICIZED OR PUNISHED ME.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE NOT LIVED THE WAY I SHOULD.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I CAN BE FRIENDLY WITH PEOPLE WHO DO MANY WRONG THINGS.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I DO NOT LIKE TO SIT AND DAYDREAM.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SOMETIMES I HAVE A HARD TIME SITTING STILL.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AT TIMES I FEEL WORN OUT FOR NO SPECIAL REASON.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EVERYTHING SEEMS TO BE TURNING OUT JUST LIKE THE BIBLE SAID IT WOULD.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE HAD DAYS, WEEKS, OR MONTHS WHEN I COULDN'T GET MUCH DONE BECAUSE I JUST WASN'T UP TO IT.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I ALWAYS LISTEN CAREFULLY TO PEOPLE THAT ARE OLDER THAN ME.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I LIKE TO OBEY THE RULES.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE WANTED TO RUN AWAY FROM HOME.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I OFTEN FEEL THAT STRANGERS LOOK AT ME AS IF I AM WEIRD.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I OFTEN FEEL SICK TO MY STOMACH.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE TRIED TO STAY AWAY FROM PEOPLE I DID NOT WISH TO SPEAK TO.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SOME CROOKS ARE SO CLEVER THAT I HOPE THEY GET AWAY FROM THE POLICE.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MY SCHOOL TEACHERS HAVE HAD SOME PROBLEMS WITH ME.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE NEVER DONE ANYTHING DANGEROUS JUST FOR FUN.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE SOMETIMES DRUNK TOO MUCH BEER OR OTHER ALCOHOLIC DRINK.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MUCH OF MY LIFE IS BORING.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SOMETIMES I WISH I WERE MORE IN CHARGE OF THE WAY I BEHAVE AND FEEL.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I BELIEVE THAT PEOPLE SOMETIMES GET CONFUSED.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SOMETIMES I AM NO GOOD FOR ANYTHING AT ALL.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I BREAK MORE RULES THAN MOST PEOPLE MY AGE.	<input type="checkbox"/>	<input type="checkbox"/>

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42 CFR PART 2

Name Juan Martin Garcia Sex M Marital Status S
Last school grade completed 7 Date 1-20-95 #5

Fill in this way.

Not like this.

	T	F
<input type="checkbox"/> IF SOME FRIENDS AND I WERE IN TROUBLE TOGETHER, I WOULD RATHER TAKE ALL THE BLAME THAN TELL ON THEM.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SWEARING AND CURSING HAVE BECOME A SERIOUS PROBLEM IN OUR SCHOOLS AND MUST BE STOPPED.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I THINK THERE IS SOMETHING WRONG WITH MY MEMORY.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE BEEN TEMPTED TO HIT SOMEONE.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I ALWAYS FEEL SURE OF MYSELF.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE NEVER BROKEN AN IMPORTANT RULE.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> THERE HAVE BEEN TIMES WHEN I HAVE DONE THINGS I DIDN'T REMEMBER LATER.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I THINK CAREFULLY ABOUT EVERYTHING I DO.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE USED ALCOHOL OR "POT" TOO MUCH OR TOO OFTEN.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NEARLY EVERYONE ENJOYS BEING PICKED ON AND MADE FUN OF.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SOME OF MY FRIENDS HAVE BAD REPUTATIONS.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MOST PEOPLE WILL LIE TO GET WHAT THEY WANT.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MOST PEOPLE WILL LAUGH AT A JOKE AT TIMES.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I ALMOST ALWAYS KNOW WHAT TO SAY.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I AM OFTEN RESTLESS OR JUMPY.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I SMOKE CIGARETTES REGULARLY.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AT TIMES I HAVE BEEN SO FULL OF PEP THAT I FELT I DIDN'T NEED TO SLEEP FOR DAYS AT A TIME.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE SOMETIMES JUST SAT ABOUT WHEN I SHOULD HAVE BEEN WORKING.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I OFTEN FEEL ANGRY BECAUSE PEOPLE DON'T TREAT ME RIGHT.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I CAN BE DEPENDED ON TO DO THE THINGS I AM SUPPOSED TO.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AT LEAST ONCE A WEEK I TAKE MEDICINE FOR A STOMACH ACHES.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE NEVER FELT SAD OVER ANYTHING.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I AM USUALLY HAPPY.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE NEGLECTED SCHOOL WORK BECAUSE OF DRINKING OR USING DRUGS.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE TAKEN A DRINK IN THE MORNING TO STEADY MY NERVES OR TO GET RID OF A HANGOVER.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I HAVE OFTEN FELT BAD OR SCARED BECAUSE OF THE DRINKING OR DRUG USE OF SOMEONE IN MY FAMILY.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SOMETIMES I FEEL THAT MY DRUG USE OR DRINKING IS KEEPING ME FROM GETTING WHAT I WANT OUT OF LIFE.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I RARELY TALK ABOUT MY REAL FEELINGS OR WORRIES WITH EITHER MY FRIENDS OR MY FAMILY.	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE ON
REVERSE SIDE

IT IS ILLEGAL TO
REPRODUCE THIS FORM

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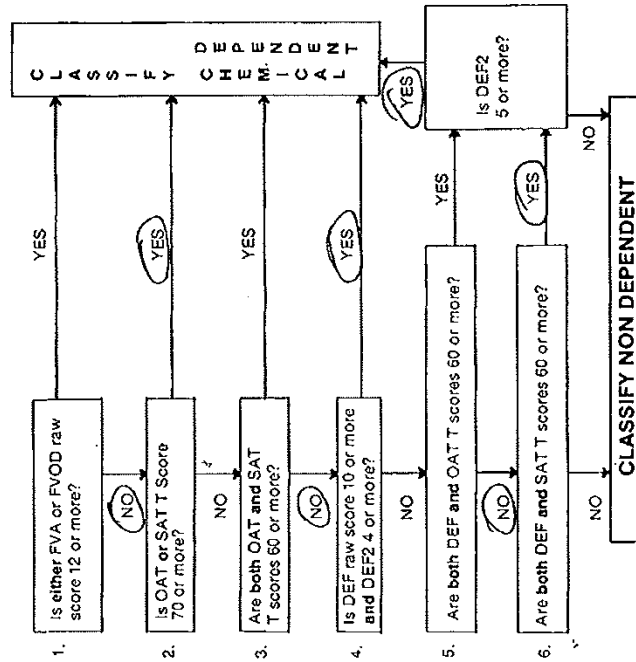
092992 M

0830355
SASSI Substance Abuse Subtle Screening Inventory

ADOLESCENT MALE PROFILE

Name Juan Martin Garcia Age 14.10 Date 1-20-95
 Marital Status 5 Occupation N/A Location SRC
 Education 7th # 5

Decision Rules for the Adolescent SASSI



COMMENTS:

Chemically Dependent

FVA	FVOD	OAT	SAT	DEF	DEF2	COR	RAP	PERCENTILE
14	12			12	10	12	4	
13	11							
12	10	20	6	11	9	11	3	98th
11	9	19	5	10	8	10		
10	8	18						
9	7	17	4	9	7	9	2	85th
8	6	16				8		
7	5	15	3	8	6	7	1	50th
6	4	14						
5	3	13	2	7	5	6		
4	2	12						
3	1	11	1	6	4	5	0	15th
2	0	10						
1		9				4		
0		8				3		
		7				2		
		6						
		5						
		4						
2	7	11	5	10	9	11	1	

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42 CFR PART 2

SASSI Substance Abuse Subtle Screening Inventory

ADOLESCENT FEMALE PROFILE

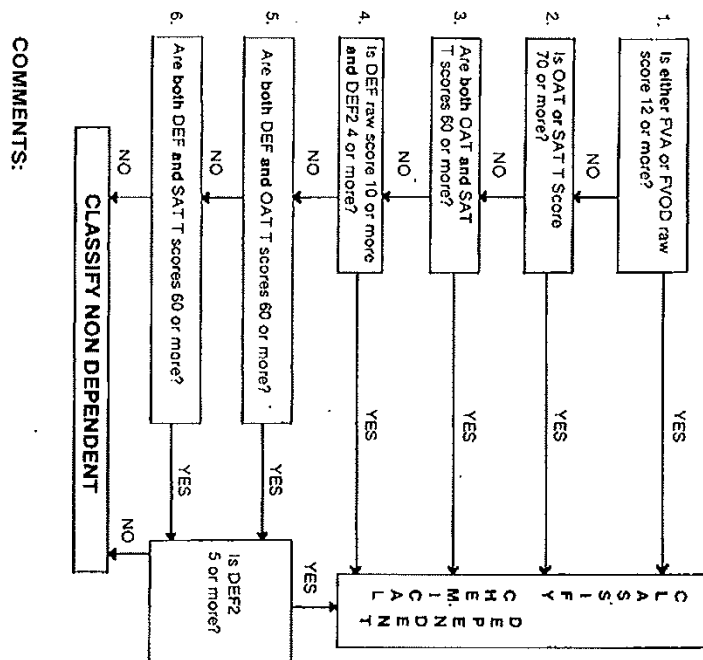
092992 F

Name _____ Age _____ Date _____

Marital Status _____ Occupation _____ Location _____

Education _____

Decision Rules for the Adolescent SASSI



		STANDARD T SCORE											
		FVA	FVOD	OAT	SAT	DEF	DEF2	COR	RAP	PERCENTILE			
ALC	DRUG	13	13		6	12	11		4	80	98th	Obvious Attributes	Subtle Attributes
		11	12				10			70	98th		
		10	10	20	5	11	9	8	3	60	98th		
		9	8	18		10	8			50	98th		
ALC	DRUG	8	7	17	4	9	7	7	2	40	98th	Obvious Attributes	Subtle Attributes
		7	6	16		8	6	6	1	30	98th		
		6	5	15		7	5	5	0	20	98th		
		5	4	14	3	6	4	4	0	10	98th		
ALC	DRUG	4	3	13	2	5	3	3	0	0	98th	Obvious Attributes	Subtle Attributes
		3	2	12		4	2	2	0	0	98th		
		2	1	11		3	1	1	0	0	98th		
		1	0	10		2	0	0	0	0	98th		
ALC	DRUG	0		9		1	0	0	0	0	98th	Obvious Attributes	Subtle Attributes
				8	1	0	0	0	0	0	98th		
				7		0	0	0	0	0	98th		
				6		0	0	0	0	0	98th		

PSYCHOACTIVE SUBSTANCE ABUSE CLINIC SUMMARY

STUDENT NAME: JUAN GARCIA
 TYC #: 0830355
 COMMITTING OFFENSE: (P) TERRORISTIC THREAT
 COMMITMENT DATE: 1-20-95
 DATE OF BIRTH: 2-18-80

* ALCOHOL AND DRUG USE ASSESSMENT SUMMARY:

Juan admits drinking three beers twice a month for the past three years and drinking four wine coolers twice a month for the past two years. Juan admits smoking two marijuana cigarettes every other day for the past three years. Juan claims alcohol does not get him drunk anymore and feels he has developed a tolerance for alcohol. Juan admits selling crack cocaine for one month, making a daily profit of three hundred dollars. Juan claims he only sells crack cocaine in order to make money to spend over the weekends.

Juan claims committing crimes when he's sober, because marijuana makes him nervous. Juan admits going to school high on marijuana and smoking marijuana during the lunch hours. Juan also admits skipping classes to drink alcoholic beverages. Juan claims being a member of the "Fourth Ward Posse" gang, which is a neighborhood gang and of the "Latino Family", which is for Latinos only. The student claims he knows what he is doing and that his teachers and parents do not know that he smokes marijuana. Juan admits making one or more unsuccessful efforts to cut down or control substance use.

DIAGNOSTIC SUMMATION:

Juan was administered the SASSI on 1-20-95, while at the Statewide Reception Center. The results reveal an SAT score of 5, a DEF score of 10 and a DEF2 score of 9, which indicates chemical dependency. After review of Juan Garcia's masterfile and an in-depth assessment with him, it is determined Juan meets the criteria for the following recommended DSM-IV due to the fact that he has made one or more unsuccessful efforts to cut down or control substance use, the student has developed a tolerance for the drug and increased usage of drugs and alcohol to achieve desired effect:

AXIS I: 304.30 Cannabis Dependence
 305.00 Alcohol Abuse

RECOMMENDATIONS:

This assessor has determined, according to the DSM-IV criteria, Juan Garcia is chemically dependent. Juan should receive residential chemical abuse treatment in his upcoming placement. The youth denies having a drug or alcohol problem and is not willing to receive counseling at this time. *

Maria Porras

Maria Porras, LCDC
 STATEWIDE RECEPTION CENTER
 1-25-95

* FEDERALLY PROTECTED INFORMATION *
 42 CFR PART 2

Juan Garcia

Texas Commission on Alcohol and Drug Abuse
 CLIENT ORIENTED DATA ACQUISITION PROCEDURE (CODAP)
 YOUTH ADMISSION REPORT

YARAWARD #

Card 1		Card 2	
1. CLINIC IDENTIFIER TX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 11-18	20. MONTHS SINCE LAST DISCHARGE FROM ANY SUBSTANCE ABUSE PROGRAM (00 = none, 97 = not applicable) 00 68-67		
(2) DATE FORM COMPLETED Month Day Year 01 23 95 19-24	21. HEALTH INSURANCE TYPE (See reverse side for codes) 9 68		
3. CLIENT NUMBER SSN (Last 4 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Client Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 25-34	SUBSTANCE ABUSE PATTERNS AT ADMISSION (See reverse side for codes)		
4. DATE OF ADMISSION TO THIS PROGRAM Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-40	22. SUBSTANCE TYPE(S) (Enter 00 for none)	PRIMARY PROBLEM 09	SECONDARY PROBLEM 04
5. ADMISSION TYPE 1 = First Admission <input type="checkbox"/> 41 2 = Readmission <input type="checkbox"/>	23. SEVERITY OF SUBSTANCE PROBLEMS AT ADMISSION 1	2	
6. MODALITY ADMITTED TO (See reverse side for codes) <input type="checkbox"/> 42	24. FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION 3	1	
7. ENVIRONMENT ADMITTED TO (See reverse side for codes) <input type="checkbox"/> 43	25. MOST RECENT USUAL ROUTE OF ADMINISTRATION 2	1	
8. MEDICATION PRESCRIBED (See reverse side for codes) If 09 for other specify <input type="text"/> 00 44-45	26. YEAR OF FIRST USE 1992 1992 1992		
9. SEX (1 = Male, 2 = Female) 1 46	27. CODED REMARKS 1 2 3 4 5 6 7 8 9 10 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 47-57		
10. DATE OF BIRTH Month Year 02 80 47-50	28. LIVING ARRANGEMENTS OF CLIENT (See reverse side for codes) 2 50		
11. RACE/ETHNIC BACKGROUND (See reverse side for codes) 06 51-52	29. ALCOHOL OR DRUG ABUSE PROBLEM OF PARENTS OR GUARDIANS (1 = yes, 2 = no) 2 61		
12. SOURCE OF REFERRAL (See reverse side for codes) <input type="checkbox"/> <input type="checkbox"/> 53-54	30. FAMILY RECEIVING PUBLIC ASSISTANCE (1 = yes, 2 = no) 1 62		
13. MARITAL STATUS OF PARENT OR GUARDIAN (See reverse side for codes) 9 55	31. ALCOHOL OR DRUG USE BY FIVE BEST FRIENDS (0 for none) 2 63		
14. NUMBER OF CHILDREN UNDER 19 YEARS OLD IN FAMILY RESIDENCE (0 for none, M if more than 9) 3 56	32. CURRENT SCHOOL STATUS (See reverse side for codes) 3 64		
15. EMPLOYMENT STATUS OF HEAD OF HOUSEHOLD (See reverse side for codes) 1 57	33. NUMBER OF D's OR F's RECEIVED ON LAST REPORT CARD <input type="checkbox"/> 65		
16. PRIMARY REASON FOR NO PAID EMPLOYMENT OF HEAD OF HOUSEHOLD (See reverse side for codes) (Enter 9 if employed) 1 58	34. NUMBER OF DAYS SUSPENDED FROM SCHOOL DURING LAST 6 WEEK PERIOD (Code M for more than 9 days) M 66		
17. HIGHEST SCHOOL GRADE COMPLETED (00 to 20) 6th 59-60	35. NUMBER OF DAYS ABSENT FROM SCHOOL DURING LAST 6 WEEK PERIOD (Code M for more than 9 days) 0 73		
18. NUMBER OF SUBSTANCE ABUSE RELATED ARRESTS WITHIN 120 DAYS PRIOR TO THIS ADMISSION (00 for none) 00 62-63	36. MONEY SPENT EACH WEEK ON PRIMARY PROBLEM SUBSTANCE \$ 20.00 76-77		
19. NUMBER OF PRIOR ADMISSIONS TO ANY SUBSTANCE ABUSE PROGRAM (00 for none) 00 64-65			

MEDICAL

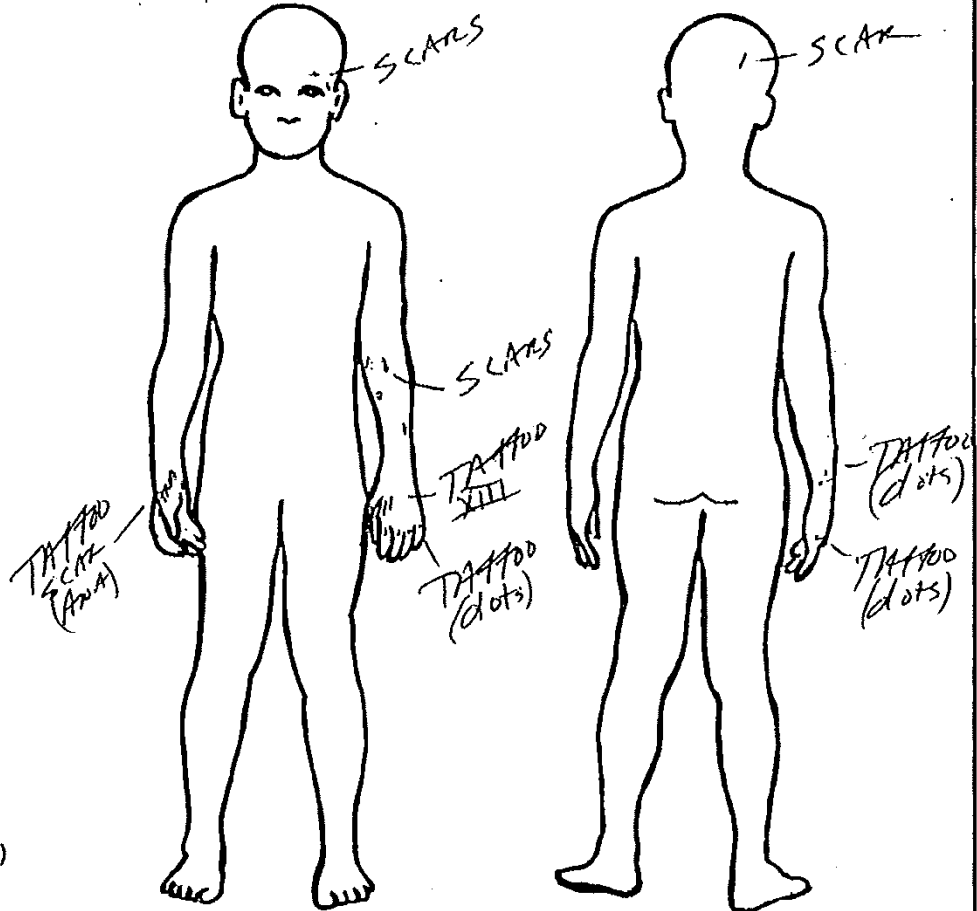


PHYSICAL IDENTIFICATION

Harris Co. NC

TEXAS YOUTH COMMISSION
CHILD CARE FORMDate: 1-20-95
(MM/DD/YY)Case Number: 0830355 Youth's Name: Garcia, Quan Martin
Last First MILocation: SR C# 5

Body Image: Indicate bruises, sores, scars, tattoos, or identifying marks.

Physical Characteristics:
(Circle One or Fill in Blank)Sex: ☒ M ☐ FEthnic Group: White Black ☒ Hispanic Am. Ind. Other Birth Date: 2-18-80 Age: 14.11
MM-DD-YYHeight: 5' 1 1/2" Weight: 130# Eye Color: Blk Blu ☒ Brn Gry Grn Pnk HzlHair Color: ☒ Blk Bln Brn Red SdyComplexion: Drk ☒ Med ☐ Lgt

Description: _____

Staff Signature: J. Evans

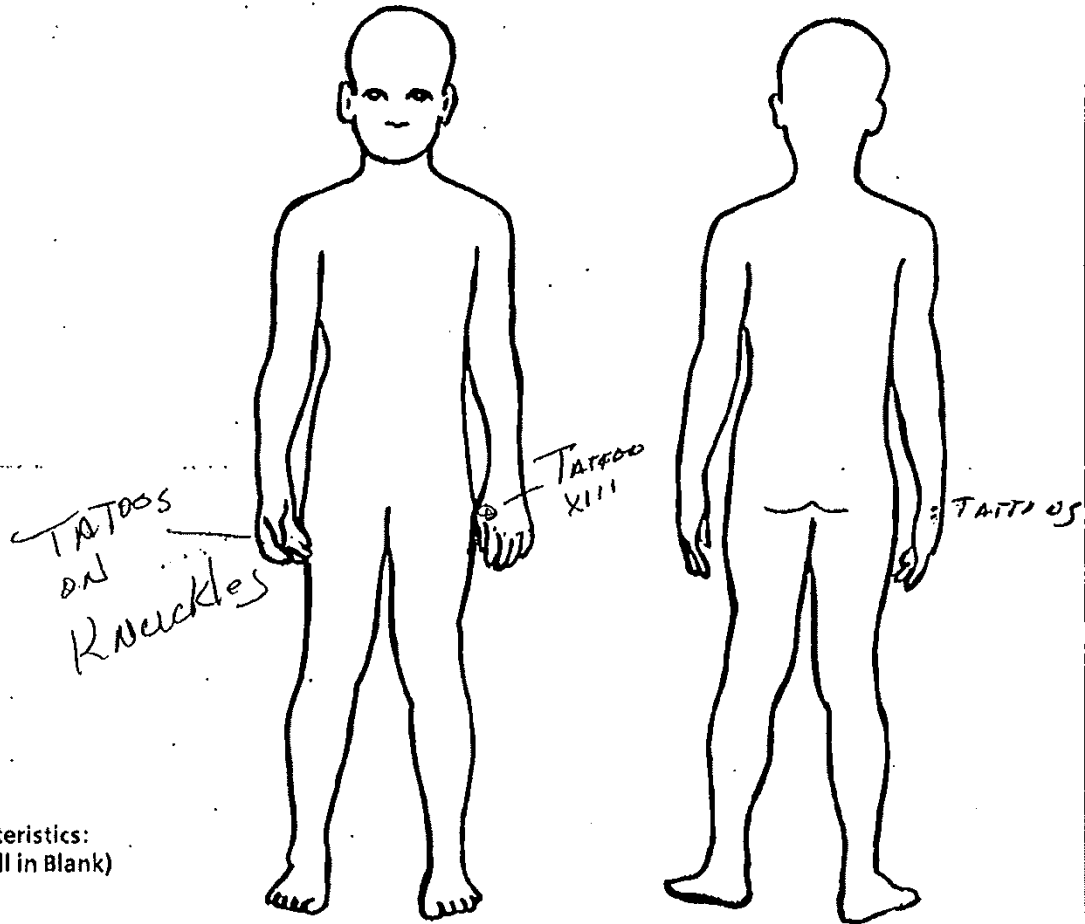
CCF-006



PHYSICAL IDENTIFICATION

TEXAS YOUTH COMMISSION
CHILD CARE FORMDate: 02/07/95
(MM/DD/YY)Case Number: 0830355 Youth's Name: GARCIA JUAN MARTIN
Last First MILocation: W. T. S. S. Security

Body Image: Indicate bruises, sores, scars, tattoos, or identifying marks.

Physical Characteristics:
(Circle One or Fill in Blank)

Sex: M F

Ethnic Group: White Black Hispanic Am. Ind. Other Birth Date: 12-18-80 Age: 14-0
MM-DD-YYHeight: 5-04 Weight: 135 Eye Color: Blk Blu Brn Gry Grn Pnk. HzlHair Color: Blk Bln Brn Red SdyComplexion: Drk Med Lgt

Description: _____

Staff Signature: V. Rando

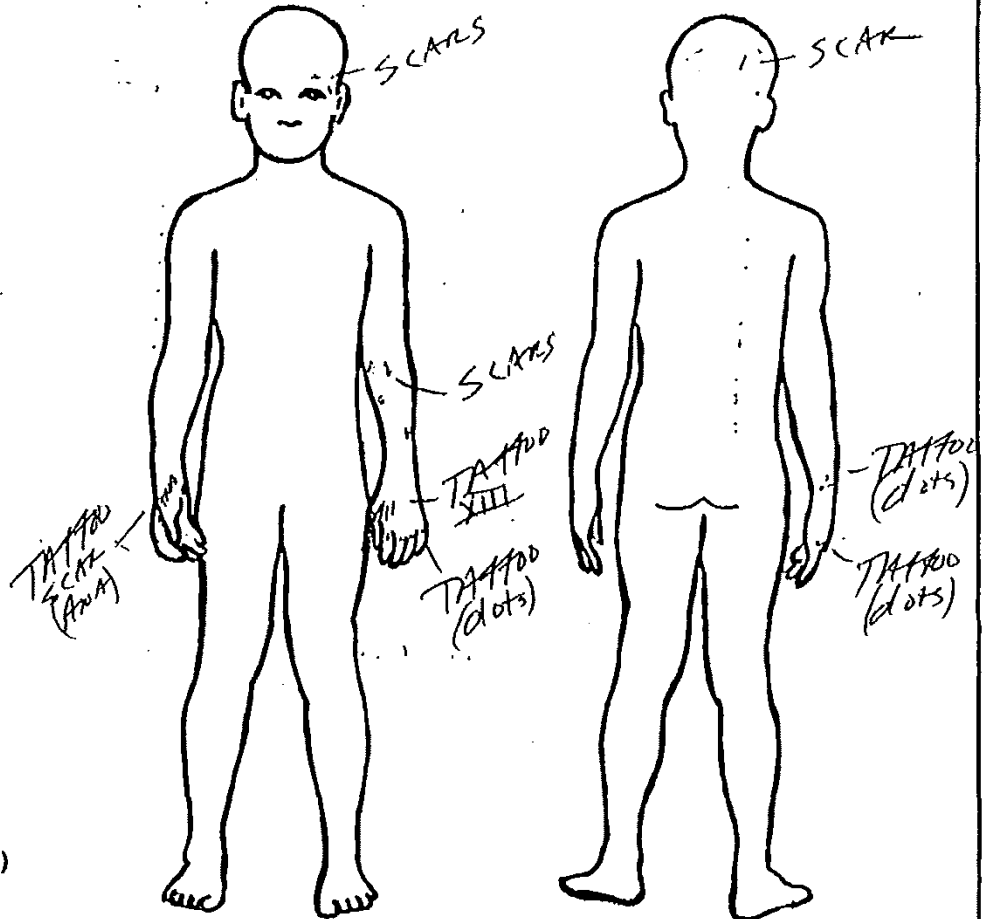


PHYSICAL IDENTIFICATION

Harris Co. NC

TEXAS YOUTH COMMISSION
CHILD CARE FORMDate: 1-20-95
(MM/DDYY)Case Number: 0830355 Youth's Name: Garcia, Juan Martin
Last First MILocation: SRL#5

Body Image: Indicate bruises, sores, scars, tattoos, or identifying marks.

Physical Characteristics:
(Circle One or Fill in Blank)Sex: ☒ M ☐ FEthnic Group: White Black ☒ Hispanic Am. Ind. Other Birth Date: 2-18-80 Age: 14.11
MM-DD-YYHeight: 5' 1/2" Weight: 130# Eye Color: Blk Blu ☒ Brn Gry Grn Pnk HzlHair Color: ☒ Blk Bln Brn Red Sdy Complexion: Drk ☒ Med Lgt

Description: _____

Staff Signature: J. Evans

MRS.S123 TYC - MEDICAL RECORDS SYSTEM DATE: 07/22/95
WEST TEXAS IMMUNIZATION (IMM)
DPT/TD 06/03/80 08/06/80 02/24/84
BOOSTERS 09/03/85 07/22/95
POLIO 06/03/80 08/06/80 02/24/84
BOOSTERS 09/03/85 ___/___/___
MEASLES 05/20/81
RUBELLA 05/20/81 MMR 03/02/92
MUMPS 05/20/81
PRIOR POSITIVE TB (Y/N): ___/___/___ TREATMENT COMPLETE (Y/N): ___
TB TEST 01/21/95 RESULT N 00 MM CXR DATE ___/___/___ RESULT ___
FOLLOW UP ___/___/___
NEXT SELECTION: ___ PA1==> CANCEL
CURRENT STUDENT'S CASE NUM: 0830355 NAME: JUAN M GARCIA

TEXAS YOUTH COMMISSION

PHYSICAL EXAMINATION

TYC Number: 0830355 Youth's Name: Marceau Jean Last First MI
 Location: Sho #5 Ethnic Group: Wh Ind Blk. (Hisp) Other Sex: (M) F
 T: 99 P 98 R 18 B/P 120/54 Height: 5'1 1/2 Weight: 130 D.O.B.: 2/18/90 Age: 14 11
 Type: (circle) Admitting Annual Placement mmcdowell L.W. 1/20/95 12:30 PM
 Nurse's Signature Date/Time

Review of Systems	(N)	ABN		(N)	ABN
1. Head, Neck			*8. G.U.		
2. EENT		X	a. Discharge		
3. Respiratory			b. Lesions		
4. Cardiac			9. Endocrine		
5. Chest, Breast			10. Neurological		
6. Abdomen			11. Dermatologic		
7. G.I.			12. Musculoskeletal		

Scoliosis screening: ☒ Negative ☐ Follow-up indicated

Comments (abnormal findings by number): *if pregnant, indicate EDC:

bug in (L) ear canal.

Orders/Recommendations: irrigate (L) ear

Allergies: ☒ No ☐ Yes Medication Other

Chemical Dependency:

*Signs and symptoms of chemical dependency? ☒ No ☐ Yes

*If Yes, is medically supervised detoxification indicated? ☐ Yes ☐ No

*If Yes, referred to (facility)

Physician's Signature [Signature] Date 1/23/95 Nurse's Signature mmcdowell L.W. Date/Time 1/23/95 8:25 AM
 Nurse's Co-signature [Signature] Date/Time 1/23/95 9:20 AM

TEXAS YOUTH COMMISSION

MEDICAL RECORD
INDIVIDUAL MEDICAL PLANTYC Number: 0830355 Youth's Name: Garcia Juan
Last First InitialFacility Admission Date: 2-2-95 Location: WYSDOB: 2-18-80 Race: Hispanic Sex: M

S: (Subjective Data: youth's statements)

0

O: (Objective Data: lab results, screening results, dental/physical exams, etc.)

Physical / Dental currentVision / Hearing currentImmunizations Td done 2-95Red current

A: (Nursing Assessment of Current Health Status)

Healed app. youth - slightly hyperactive
No signs of trauma or injury

P: (Nursing Care Plan: specific action for each problem identified)

Problem Plan of Action Date Completed

1. Maintain present health status
2. _____
3. _____
4. _____
5. _____
6. _____ 2-8-95

X Juan Garcia 2-8-95 Univ. San Diego 2-8-95
 Youth Signature Date Director of Nurse's Signature Date
Copies routed to Diagnostician and Primary Service Worker on: 2-8-95
(date)Reviewed with Special Services/Treatment Team/Staff Meeting on: _____
(date)HLS-605
10/91

[The body of this page contains extremely faint, illegible text, likely due to poor scan quality or redaction. The text appears to be organized into several paragraphs.]

TEXAS YOUTH COMMISSION

MEDICAL DIAGNOSIS AND TREATMENT

TYC Number: 0830355 Youth's Name: Garcia, Juan
 Last First MI
 Location: WTSS Date of Birth: 02/18/80
 Subjective:
 Objective: Rash in private area

Assessment/Diagnosis: Scabies

Plan: Hydrocortisone

Doctor's Signature: [Signature] Date: 3-1-95 Nurse's Signature: [Signature] Date/Time: 3-1-95

Youth's Signature: [Signature] Date: 3-1-95 Nurse's Co-signature: [Signature] Date/Time: 3-1-95

TYC Number: 0830355 Youth's Name: Garcia, Juan
 Last First MI
 Location: WTSS Date of Birth: 2/18/80
 Subjective: itchy rash
 Objective:

Assessment/Diagnosis: allergy storm

Plan: Caladryl lotion + a corticoid

Doctor's Signature: [Signature] Date: 6-6-95 Nurse's Signature: [Signature] Date/Time: 6-6-95

Youth's Signature: [Signature] Date: 6-6-95 Nurse's Co-signature: [Signature] Date/Time: 6-6-95

TEXAS YOUTH COMMISSION

MEDICAL DIAGNOSIS AND TREATMENT

TYC Number: 0870355 Youth's Name: Garcia Juan
 Last First MI
 Location: WTSS Date of Birth: 5/18/80
 Subjective: cl/ly if upper corner of left eye swollen & pain TSS!
 Objective: old c/o pao

Assessment/Diagnosis: Sty left upper lid
check right eye lid & see if abscess
& call in AM if continue c/o pain P.O. Dr. Pedderson

Plan: 2 gtt to left eye.
(1) give triple tic eye gtt's TID x 10 days
(2) Amoxicillin 500mg. P.O. TID x 10 days
T.O. Per Dr. Pedderson
to T. Clayton

Doctor's Signature: [Signature] Date: 7/13/95 Nurse's Signature: [Signature] Date/Time: 9AM
 Youth's Signature: [Signature] Date: 7/19/95 Nurse's Co-signature: [Signature] Date/Time: 7/19/95

TYC Number: _____ Youth's Name: _____
 Last First MI

Location: _____ Date of Birth: _____

Subjective: _____

Objective: _____

Assessment/Diagnosis: _____

Plan: _____

Doctor's Signature _____ Date _____ Nurse's Signature _____ Date/Time _____

Youth's Signature _____ Date _____ Nurse's Co-signature _____ Date/Time _____

TEXAS YOUTH COMMISSION

TREATMENT AND INTERVENTION RECORD

Name: Garcia, Juan Last First MI TYC Number 2830355
 Location SPR #5 Allergies

Date/Time	Record Complaint(s); Observation(s), Treatment(s), Action(s)	Signature
1/20/95 12:30 PM	Adm. 1411 4/0 H/M/N/K/M C/O (Road)	
	both arms, pain & b/c up from blankets	
	@ J.C. Hill, approx. #13 till 10:00	
	no (further) C/O (Road) ——— M.M. Dorrell	
1-23-95 7:45 PM	Admitted (Diar), bug particles removed KJON	
2-7-95 11 AM	Admitted to WSS — oriented to	
	medical facilities ——— M. Dorrell	
2/22/95	Go back to area — outside	
02/24/95 9:30 PM	Go to MEDICAL CLINIC	
3-1-95	Flu Rash ——— A. Corneen	
03/02/95	Go sinus. Chl 4 mg po ——— J. Grunwell	
3/11/95	Rt ear sick call to headache	
	encl. X p.m. ——— J. Grunwell	
3/27/95 7 PM	Go to H.A. & Dorrell — M.M. Dorrell	
3/31/95	Headache Mefanto 150 ——— J. Grunwell	
4/2/95	500 po headache — Zylal pt po ——— J. Grunwell	
4/7/95	500 po sprain 2 pinky. Evad em	
	— ice pack WSS ——— J. Grunwell	
4/22/95 7 PM	Rt ear sick call on c-8 in group ——— J. Grunwell	

HLS-505

1/93

Name: Garcia Juan
 Last First MI TYC Number

Date/Time	Record Complaint(s), Observation(s), Treatment(s), Action(s)	Signature
4/23/95	C/O sick call to headache 2x 8:00 p.m. ————	Chadwick
4-30-95	557 C/O 7 ribs no swelling. Disc noted to obs walks & difficult to SOB noted ————	J. Corne
5/4/95 1100 pm	C/O cough, chest pain & cough & "stuffy nose" LCTA bilaterally no resp distress noted Tylenol 650mg / guaifenesin cough syrup given Loramin previously not effective. VS: 146/70, 89, 20, AF. States he swallow sputum unable to say color of sputum - Gold s/s started this am + now he cannot sleep. Thiamin + pro gins for C/O pain, nasal congestion. Just to P/O & sick call in am & pm.	
5/9/95	1 In Cafeteria T978 - Tonsils - 2 adnoid 1 chlor - Tonsils bluish in color and moderately enlarged to gargle & nausea ————	Reynolds
5-13-95	557 C/O dandruff none noted ————	J. Corne
5/30/95	457 C/O headache - 2x - also 8:00 p.m. 7:00 p.m. 11:00 p.m.	
6/1/95	1000 p.m. C/O back on throat 10:00 p.m. - 11:00 p.m. 3 doses - Hydrocortisone ————	Chadwick
6-4-95	8201 C/O itching, lacer hands this call ————	J. Corne

TEXAS YOUTH COMMISSION

TREATMENT AND INTERVENTION RECORD

Name: Larrea Juan 0830 355
 Last First MI TYC Number
WTBS NHP
 Location Allergies

Date/Time	Record Complaint(s), Observation(s), Treatment(s), Action(s)	Signature
6-5-95	Cut aid to Rash on hand	L. Connor
6-19-95	5p Co wisdom (R) & pain	Y. K. Z.
	NACU + message	L. Connor
7/12/95	5 ⁰⁰ p/cb swollen 10 eye, noted slight swollen & eye lid - deamed	
	+ cool compress - 8 ⁰⁰ p/cb eye hurt	
	continue cool compress	O. Chabon
	8 ³⁰ p/cb called to clinic. 9 ³⁰ p/cb called to clinic again	O. Chabon
	Noted swollen & eyelid & c/o pain. unable to look when in eye lid because of pain. Also noted slight red when eye. TTT. Notified Dr. Peltand & stated to look when eye & if continue to c/o pain call in. Am nurse ER Dr. Note white pimple when eyelid. Informed X. p.o. Notified PNTT. Informed staff to see nurse in room 10 ⁰⁰ p/cb to down for sec stuff.	O. Chabon

HLS-505
1/93

TEXAS YOUTH COMMISSION

MEDICAL RECORD
DISCHARGE SUMMARYTYC Number: 0830355 Youth's Name: Larcia Juan
Last First InitialLocation: WTB Allergies: NKADOB: 2-18-80 Race: hispanic Sex: male

A. Medical: (Summary of care received)

Last Physical Exam Date: 1-23-95 Immunizations Complete: ☒ Yes ☐ NoTB Test Date: 4-3-95 1-21-95 Results: ☐ Positive ☒ NegativeBug in O. ear Canal/Irrigate O. ear
(L) eye pain - tx c. eyedrops + amoxicillin

Follow-up care required:

Flu c Rt physical exam
Hx of scabies 3/95 - tx c. Kwell

B. Dental: (Summary of care received)

Last Dental Exam Date: 2-16-95Ref

Follow-up care required:

Flu c Rt dental exam

C. Psychiatric: (Summary of care received)

none

Follow-up care required:

none

D. Current Medications:

none Triple Otic eye drops 2gtt to O eye TID x 10 days - last day 7/22/95
Amoxicillin 500mg po TID x 10 days - last day 7/22/95

Director of Nurses/Designee

Date

TEXAS YOUTH COMMISSION

MEDICATION ADMINISTRATION RECORD

TYC Number: 0830355 Youth's Name: Malicia, Yvonne
 Last First MI

Location: SPRINGS Drug Allergies: WADA

Drug Name & Dosage: HEB CH. BICID Start Date: 1/20/95 End Date: 2/20/95
Chel clear MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7																															
8																															

MMCD
 Transcribing Nurse's Signature

1/20/95
 Date

Drug Name & Dosage: HEB CH BICID clear Start Date: 1/20/95 End Date: _____
 MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7																															
8																															

Transcribing Nurse's Signature

Date

Nurse's Signatures	Initial	Nurse's Signature	Initial
<u>Sherrill R</u>	<u>SR</u>	<u>Baker Z</u>	<u>BZ</u>
<u>Sherrill R</u>	<u>SR</u>	<u>O. Cundy Low</u>	<u>OL</u>
		<u>KJONIS LWN</u>	<u>KJ</u>
		<u>Pharm (W.A.)</u>	<u>WB</u>

[illegible]

Drug Name & Dosage: _____ Start Date: _____ End Date: _____
MM DD YY MM DD YY

[illegible]

Drug Name & Dosage: _____ Start Date: _____ End Date: _____
MM DD YY MM DD YY

[illegible]

207

TEXAS YOUTH COMMISSION

MEDICATION ADMINISTRATION RECORD

TYC Number: 0830355
0826121 Youth's Name: Garcia Juan
 Last First MI
 Location: WTSS Drug Allergies: NKDA

Drug Name & Dosage: Diplo. Otic qtt x 2 Start Date: 7/13/95 End Date: 7/22/95
to left ear TID x 10 days MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8																																
12																																
5																																
																							</									

July 95

Shirley Clayton RN 7/13/95
 Transcribing Nurse's Signature Date

Drug Name & Dosage: Amoxicillin 500mg PO Start Date: 7/13/95 End Date: 7/22/95
x 10 days MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8																																
12																																
5																																
July 95																																

July 95

Shirley Clayton RN 7/13/95
 Transcribing Nurse's Signature Date

Nurse's Signatures	Initial	Nurse's Signature	Initial
<u>Shirley Clayton RN</u>	<u>SC</u>	<u>Shirley Clayton RN</u>	<u>SC</u>
<u>Shirley Clayton RN</u>	<u>SC</u>	<u>Shirley Clayton RN</u>	<u>SC</u>

TYC Number: _____ Youth's Name: _____
Last First MIDrug Name & Dosage: _____ Start Date: _____ End Date: _____
MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Transcribing Nurse's Signature _____ Date _____

Drug Name & Dosage: _____ Start Date: _____ End Date: _____
MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Transcribing Nurse's Signature _____ Date _____

Drug Name & Dosage: _____ Start Date: _____ End Date: _____
MM DD YY MM DD YY

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Transcribing Nurse's Signature _____ Date _____

YOUTH'S NAME: GARCIA JUAN MARTIN
 YOUTH'S NUMBER: 164731

BIRTH PLACE: Houston DATE: 2/1/80
 COLOR OF EYES: Brown COLOR OF HAIR: Brown
 MEDICAL RECORDS TRANSFERRED: ☒ YES ☐ NO
 AUTHORIZATION FOR MEDICAL CARE: ☒ YES ☐ NO
 MASTER DISPLAY: ☒ YES ☐ NO
 PLACEMENT AGREEMENT: ☒ YES ☐ NO
 HOME ER. NUMBER: 529-5871 OTHER ER. NUMBER: _____
 GUARDIANS'S NAME: Spencer Walker
 FATHER'S NAME: Unknown MOTHER'S NAME: Spencer Walker
 INSURANCE: ☒ YES ☐ NO NAME OF INSURANCE: _____
 COPY INSURANCE: ☒ YES ☐ NO CURRENT GOLD CARD: ☒ YES ☐ NO
 CARD NUMBER: _____ GOLD CARD NUMBER: 33685858
 MEDICAID: ☒ YES ☐ NO CARD NUMBER: _____

 IMMUNIZATION: DT: 2/1/85 9/3/85 FUTURE APPOINTMENTS: _____
MMR: 8/2/84 9/3/85 MEDICAL: _____
POLIO: 8/2/83 9/3/85 DENTAL: _____
PPD: 8/2/83 9/3/85 VISION: _____
 OTHER: _____

 STANDING ORDER FOR THE FOLLOWING:

IMMUNIZATION: DT, MMR, POLIO, ☒ PPD

LABORATORY TESTING: ☒ RPR, URINALYSIS, OTHER: 7

REPORT OF RPR: 8/2/93 HC OTHER LAB REPORTS: 1

URINE COLLECTED: ☒ YES ☐ NO COLLECTED DATE: 8/2/93

ANTIBIOTIC OINTMENT, BENZOYL PEROXIDE 5%, CALAMINE LOTION, COUGH SYRUP,
 DELOUSING, DENTAL FLOSS, DIMETAPP, DUOFILM, HYDROCORTISONE CREAM .5% OR 1%,
 LIP BALM, LOZENGES, MAALOX, SUDAFED, TINACTIN, TYLENOL, VISINE,
 OTHER: _____

PHYSICIAN'S SIGNATURE: Albert E. Hegenwelder MD

MEDICAL STAFF'S SIGNATURE: M. R. [Signature] 8/2/93

Medical Department, January 1993
 (713) 661-3325

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Espinoza Juan

JUVENILE'S NUMBER: _____

DATE

6/25/94 12th S: C/O Right thumb today
9A. injured right thumb again today
during gym. noted no edema or
deformity. tenderness
P. refers to no ill pain present
at thumb.
M.D. Decker

7/1/94 youth left for home visit
noted no complaints
M.D. Decker

7/5/94 youth did not return from home
visit M.D. Decker

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-5325

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Garcia, Juan

JUVENILE'S NUMBER: 64131

ATE

C.C. Dark.

6/11/94

P.T. Dark and

DL C. C. C. C. C.

No Bridge p

Dark and 1/2/94

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Oprian Sam

JUVENILE'S NUMBER: 116 4431

ATE

S/ Sprained (L) ankle today @ param at cert

O/ remarkable for swollen lateral aspect
of (L) ankle & tenderness to touch and (L)
movements. distal pulses (+), CN (L) 2/3

X/ (L) Sprain of (L) ankle, do not suspect
fracture

P/ 1) ACE bandage

2) Ice pack, NO

3) Tylenol 11 tabs 940 x 4 times
for pain

4) No gym, bed rest help to
(L) foot elevated

5) Use crutches when walking

6) RTC on 6/20

Indurk

OK

Glauke: 1c Flu (anatomy) (L) tibial foot

X-ray (L) foot: PH 1st x left

ACE Bandage

Control ankle

11

BURNETT BAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Garcia, Juan

JUVENILE'S NUMBER: 164731

DATE

5.26.94

S/ Trauma by other youth

Struck or kicked over upper (L) back

Neck hurt initially - OK now

O/ no tenderness over spine - Full ROM

diffuse tenderness over upper R back

Full ROM of shoulder

no obvious defect in scapula

no bruising or significant swelling

A/ contusion to upper back

doubt scapular injury

P/ ibuprofen, 800 mg tid x 1 day -

continue if significant pain for 3

additional days

[Signature]

[Signature]

[Signature] youth alleges to feel better. Ad again

to explain for home visit (mother informed

of incident & asked by Mr. Quenon) *[Signature]*

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-5525

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Opiea Luna

JUVENILE'S NUMBER: 164731

DATE

5/30/94 2PM S: clo vomiting, 12 undigested food

01M: Soft. Aphidic

Active bowel sounds.

P: will monitor if continue vomiting

Assessment mild dehydration

5/30/94 3P youth felt better. returned to
cottage. M.D. Decker

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Amara Luna

JUVENILE'S NUMBER: 164731

ATE

5/1/94 12H S. Cb. headache
O/A: deferred
P. 24 hr. P.
M. Dolew

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3525

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: *Garcia, Juan*

JUVENILE'S NUMBER: *164731*

ATE

5/12/94 10th S: clo headache
O/A: deferred
P: 24 hr. 10.
M. D. Dierker

5/12/94 11th S: clo headache
O/A: deferred
P: 24 hr. 10.
M. D. Dierker

5/13/94 12th S: clo. wart on finger
O/A: deferred no signs of infection
P: 24 hr. 10.
M. D. Dierker

5/19/94 12th S: clo. headache today
O/A: deferred
P: 24 hr. 10.
M. D. Dierker

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-5525

BURNETT BAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Opieva, Juna

JUVENILE'S NUMBER: 164731

DATE

12/20/94 youth arrival

M.D. Decker

1/10/95 youth return from AWOI

Physical Exam
M.D. Decker

1/20/95 youth ch. vaccination (D) Indef. finger
refer to MD. M.D. Decker

Dnd. 1m to want daily while gone. Follow directions on
bottle.

Rm

M.D. Decker 1/20/95

5/2/94. refer to administration directed Report.
M.D. Decker

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

BURNETT DAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Garcia JuanJUVENILE'S NUMBER: 164731

DATE

12/27/93 S. to Inebriated

O/A. Inebriated

P. 24 hours

M. Inebriated after 24 hrs voiced no complaints

12/7/93 FU.

S/ finger much better - still a little pr

O/ abrasion gone

A/ don't internal FB

P/ complete work as prescribed

RTC 2 days

M. Inebriated 12/7/93

12 15 93

S/ Finger still looks a little

O/ no objective findings

A/R/ RTC after 1 of problems

M. Inebriated 12/15/93

10 4. 94. FU

S/ Finger OK

O/ no findings

A/ problem resolved

P/ prn

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER 723-0012-325

BURNETT BAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Garcia, JuanJUVENILE'S NUMBER: 164731

DATE

10/16/93 8:30 AM Headache today
10/16/93 O/A: Defused
11/11/93 P: Defused B. M.D. under
11/15/93 8 after 30mins voiced no complaints
11/15/93 5 P
11/20/93 4 PM
12/1/93 4 P

12/16/93 7 AM S. upch ran into cement pole this AM. C/O B. Garcia
12 P O/A: noted small redness @ jaw area
no deformity
P: 2. Defused B. in fact.
refers to no if no pain
M.D. under

12 6 93

S/ (1) 1st test on equipment - can open jaw

(2) Cut R index finger with Xmas tree ornament - ? if glass
stuck into skin fully0/ (1) small abrasion over lateral xygoma on R. - slightly tender
can open jaw fully(2) minor wound over dorsum of PIP of R first index finger.
joint thick but no swellingMEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

[Signature]
12/16/93
P/

A / (1) minor injury

(2)

don't glass entered joint
cerclure 500 or so only 3 days. RLE tomorrow

BURNETT, BAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Spencer, JuanJUVENILE'S NUMBER: 1104731

DATE

11/23/93 8⁰⁰ S: C/O sinus this PM.

O/A: Defunct - clear running nose, afebrile

P: Defunct # of dimorphic PO.

M. J. Decker

11/23/93 8⁰⁰ S: C/O headache this PM.

O/A: Defunct

P: Defunct PO. after 30ms no complaints.

M. J. Decker

11/23/93 8⁰⁰ S: C/O wind today, no known injury

O/A: Good ROM: Strength: negative

P: Defunct PO. after 30ms sleeping

ice, exercise program

if persist will refer to MD.

M. J. Decker

11/23/93 8⁰⁰ S: C/O headache this PM.

O/A: Defunct

P: Defunct PO. after 30ms verbal no complaints

M. J. Decker

10/25/93 C/O open to the PM. noted shift

edema. Good ROM. Defunct PO. pain: ice M. J. Decker

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

BURNETT BAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

JUVENILE'S NAME: Garcia, Juan

JUVENILE'S NUMBER: 164731

DATE

9/1/92

(S) Injured (R) wrist & (L) 5th finger

↓ fell

↓ volleyball

(O) Swollen & tender proximal phalanx 5th finger

M/S PIP joints nt - swelling & tender

Burn (R) hand lateral aspect

tender but no swelling or bruise

(A) Muscle strain (L) hand

(L) 5th finger sprain

(P) Ice both areas x 20' 2-3x/d

Ibuprofen 400 mg po q 4-6 hr prn

Splint (L) 5th finger x 3 days

McLachlan

MD [Signature] 9/1/92

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

BURNETT, BAYLAND HOME
MEDICAL DEPARTMENT
PROGRESS NOTES AND ORDERS

GARCIA, JUAN MARTIN

JUVENILE'S NAME:

JUVENILE'S NUMBER: 164731

DATE	
0-11-93	<p>S: Was playing around & another resident who picked him up, swung him around & he hit his @ knee on door jamb. C/o @ knee being sore.</p> <p>O: No swelling. Bruise visible at superior edge of patella on @. Neg drawer. FROM both knees</p> <p>A: Soft tissue bruise of @ patella</p> <p>P: Reassurance Ice if swelling</p> <p>RB Hill, MD</p> <p><i>[Signature]</i> 10/12/93</p>
10/13/93	<p>S: c/o @ little finger today OA. upst. Impressed @ little finger during volleyball today. b. Refrains me to assess. ice frozen Hill, MD</p>

MEDICAL DEPARTMENT, SEPTEMBER 8, 1992
TELEPHONE NUMBER: 713-661-3325

HARRIS COUNTY JUVENILE DETENTION CENTER
MEDICAL DEPARTMENT PHYSICAL ASSESSMENT

JUVENILE'S NAME: GarciaJUVENILE'S NO: 100**HISTORY**

CURRENT PROBLEMS Dry 10 LAM 2 to cough x 1 wk & expectation
 of URI symptoms. & fever (vomiting). Smokes 1 PP month.
 Pr has less wt. (says he was very fat, he has been trying to
PREVIOUS SERIOUS PROBLEMS/ less wt.
HOSPITALIZATIONS & of the TB.
 Asthma.

CURRENT MEDICATIONS &
ALLERGIES &
PROBLEMS WITH EXERCISE &
PROBLEMS WITH PENIS &
VAGINAL PROBS/LMP -
PROBLEMS WITH TEETH &
DRUG USE Marijuana - long time ago. Cigarettes - 1 mo. ago.
SEXUAL ACTIVITY/ORIENT -
MOOD (ANXIETY/DEPRESSION/SUICIDAL OR HOMICIDAL IDEATION)
 Dennis.

PHYSICAL EXAMINATION

Awake, alert in NAD & coughing while in
 exam room

SKIN nt
NODES nt
HEENT nt
THYROID nt
LUNGS clear & rales/wheezing
HEART S2 in NPR & (m)
ABDOMEN nt
GENITALIA nt 0+ 1+
OTHER

TANNER STAGE PH: 2 **TANNER STAGE GENS:** 2
ACNE YES **NO**
IF YES, WHAT RX?

ASSESSMENT

Cough

PLAN

ppd
 Quafenesin 2 tabs po q 4-6 x 1 wk
 RTE in 1 wk

LAB TESTS

RPR
 GC/CHLAMYDIA
 PREGNANCY TEST
 URINE DIPSTICK
 OTHER

IMMUNIZATIONS/SKIN TESTS

MMR
 Td
 POLIO
 (PPD) 1/10/95 neg/1/95

DATE: 1/10/95

RESIDENT/STUDENT: _____

FACULTY: Kunzinger

TEXAS YOUTH COMMISSION

LABORATORY REPORT

Youth Name: Garcia JuanDate: 1/23/95TYC Number: 0830355Tech: SKR

Circle test requested:

Test	Results	Normal Values	Test	Results	Normal Values
CBC			UA		
WBC	<u>8.9</u>	4.8-10.8 Thou/cmm	UA-Appearance	<u>Clear</u>	
RBC	<u>5.52</u>	4.0-5.1 m/cmm	UA-Spec. Gravity	<u>1.010</u>	1.001-1.035
HGB	<u>16.0</u>	12-16 GMS	UA-PH	<u>5.0</u>	5.0-8.0
HCT	<u>46.7</u>	35-48%	UA-Sugar	<u>Neg</u>	Negative
MCV		80-99 UCUBE	UA-Ketones	<u>Neg</u>	Negative
MCH		27.0-31.0 UUG	UA-Protein	<u>Neg</u>	Negative
MCHC		32-35%	UA-Blood	<u>Neg</u>	Negative
BAND		0-3%	UA-Bilirubin	<u>Neg</u>	Negative
SEGS	<u>60</u>	41-71%	UA-Urobili	<u>Neg</u>	Negative
LYMPS	<u>40</u>	24-44%	UA-Nitrite	<u>Neg</u>	Negative
MONOS		0-7%	UA-WBC	<u>0</u>	-0-
EOS		0-5%	UA-RBC	<u>0</u>	-0-
BASO		0-2%	UA-Casts	<u>0</u>	-0-
PLT	<u>352</u>	Adequate			

RPR

Nonreactive

BETA HCG

G.C. Culture: _____

Other: _____

Additional Comments: _____

HLS-405
10/91

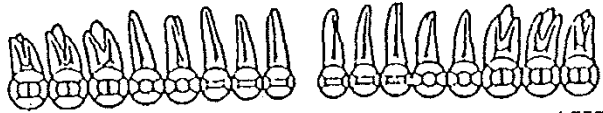
TEXAS YOUTH COMMISSION

DENTAL ASSESSMENT AND TREATMENT RECORD

Date: 1 20 95
MM DD YYTYC Number: 0830355Youth's Name: Marcia JuarezLocation: Spc #5Screening Date: 1-24-95Dentist: [Signature]

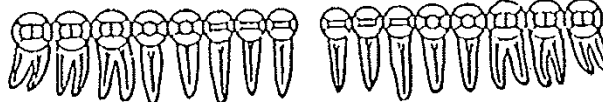
MISSING TEETH AND EXISTING RESTORATIONS

*1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



RIGHT

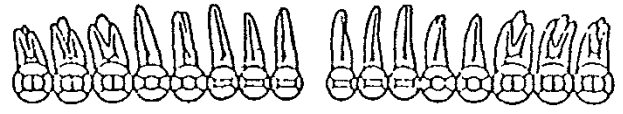
LEFT



*32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

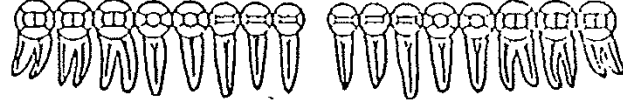
ABNORMALITIES/TREATMENT NEEDED

*1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



RIGHT

LEFT



*32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Medical History: (Circle if Yes)

Anemia

Diabetes

Heart Condition

Rheumatic Fever

Hepatitis

Sickle Cell Trait

Currently:

Under Physician's Care Y N

Taking Medication Y N

Allergic to: Penicillin Y N

Anesthetic Y N

Other (specify) Y N

Treatment Date	Dental Treatment and/or Drugs Prescribed (X = No evident pathology requiring immediate treatment)	Dentist Signature
	<input checked="" type="checkbox"/> DENTAL HYGIENE PROVIDED <u>1-21-95</u>	
<u>2-10-95</u>	<u>Neg</u>	<u>[Signature]</u>

*International Numbering Standard

HLS-315

10/91

